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ABSTRACT

The second of two documents designed for training paraprofessionals to work with moderately and severely/profoundly handicapped students, the teacher's guide presents information on preservice and inservice education. Preservice information to be read by the paraprofessional touches on the following topics (sample subtopics in parentheses): instructional associate's role (forming a good working relationship); advocacy (history of treatment of the handicapped, prejudice, current trends); student characteristics (causes and nature of handicapping conditions); and school programs (personnel, classroom procedures). Part II, on inservice training, contains information and suggested activities on classroom management (including establishing positive human interactions), and the instructional process (assessment and programming). The next six instructional units provide case examples for skill development in the following areas (sample subtopics in parentheses): motor skills (reflex movement, prosthesis, adaptive equipment); communication skills (hearing adaptations); social skills (development of identity); functional academic skills (developmental writing, classification, numeration); personal autonomy skills (feeding, hygiene); and home and community living skills (supportive services, prevocational skills, safety skills). (CL)

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ASSIST

ASSOCIATE INSTRUCTIONAL SUPPORT FOR TEACHERS

TEACHER'S GUIDE

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ASSIST PROGRAM 1

THE
MODERATELY/SEVERELY
HANDICAPPED

ASSIST: Associate Instructional Support For Teachers

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The use of feminine gender terms or any titles that connote feminine gender in these materials is merely for convenient reference to people of both sexes and should not be construed as implying sex limitations.

A JOINT DEVELOPMENT PROJECT
OF THE
INDIANA UNIVERSITY DEVELOPMENTAL TRAINING CENTER
AND
INDIANA DEPARTMENT OF PUBLIC INSTRUCTION
DIVISION OF SPECIAL EDUCATION

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This book is dedicated to the process of change:
for it is only through change that all individuals are free to be.

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PREFACE

What is ASSIST? How Does It Help? How Does It Work?

This is a revised second edition of *ASSIST I: The Moderately Handicapped.* This second edition has been extended to include the instruction of severely and profoundly handicapped school age children. Therefore this package addresses itself to paraprofessionals who will work in educational settings with students labeled moderately, severely or profoundly handicapped. The purpose of the program is to prepare paraprofessionals to work effectively as instructional personnel within educational settings.

The issue of paraprofessional utilization has been a perplexing one for administrators and teachers. In some cases the paraprofessional appears to have a competitive rather than a complementary role in tho classroom. In other cases, teachers believe, and justifiably so, that they spend as much time planning for the paraprofessional as for the students. Nevertheless it has been demonstrated that special education paraprofessionals, when appropriately utilized by teachers, can be a valuable asset in the classroom. It is unfortunate that while teachers want and need the services of paraprofessionals, there is difficulty in utilizing them as effectively as possible.

Four interrelated problems appear to be the cause of these difficulties. It would appear that there is:

1. Confusion regarding the appropriate role responsibilities of paraprofessionals;
2. Failure to build training programs for paraprofessionals based on actual classroom needs;
3. Lack of systematic efforts to involve teachers in the actual training of paraprofessionals to make sure that the training is consistent with their practices, and
4. Failure to build training programs for paraprofessionals which do not interfere with the ongoing job demands of paraprofessionals and teachers.

Recognizing the gap between paraprofessional training and subsequent classroom utilization, the Indiana Department of Public Instruction, Division of Special Education, in conjunction with the Developmental Training Center located at Indiana University, views this training program as an effective method of closing this gap. It accomplishes this in three important ways. First, it provides paraprofessionals with both a positive philosophical orientation toward handicapping conditions and the practical knowledge and skills necessary to translate philosophy into practice. A major thrust of the program is to assist each educational team to specify the role of the teacher's aide as an instructional associate, and to delineate the major duties clearly given their particular situation.

Second, it offers you, the teacher, the opportunity not only to receive training in paraprofessional utilization and program management, but also to have the opportunity to build upon and expand ASSIST so it will have even greater relevance to your individual classroom needs.

ASSIST, however, is not a cookbook. It does not provide answers to all questions or solutions to all classroom and human relations problems — nor is it the intent of ASSIST to do this. Its focus is to provide a process through which complementary role definitions can be developed and then utilized to provide quality instruction to students.

Third, the ASSIST training program is conveniently used. The materials can be read at home, at school, or wherever it is most convenient for you and your paraprofessional. The program is self-paced. You can read as much of the material as you desire at one sitting — a chapter, a couple of pages, whatever. Therefore, your team can go through the program at a speed that does not interfere with your daily duties. So, please do not let the length of the *Sourcebook* discourage your team.

Naturally, the ASSIST training does take some time — any effective training program will. Every effort has been made, however, to make sure that the ASSIST training is neither a burden for you nor for your paraprofessional.

Objectives of ASSIST

In the process of developing these materials, we spent much time talking and working with paraprofessionals, teachers, principals, and program directors to be sure our materials matched classroom needs. The overall objectives of the program are to provide instructional associates with knowledge of:

1. The role of a paraprofessional as an instructional associate, the role of the teacher as a program manager, and the ways in which both of you work together for the benefit of the students.
2. Past and current trends in society's beliefs and attitudes toward handicapped individuals, and how these beliefs and attitudes affect programs and services for the handicapped.

and skills in:

1. The implementation of instructional and instructionally related duties.
2. The implementation of non-instructional duties.

ASSIST Materials

ASSIST is a coordinated program for training. Each package contains a *Sourcebook for Instructional Associates* and a *Teacher's Guide*.

The *Teacher's Guide* and *Sourcebook* are identical in content except for some additional instructional pages in the *Teacher's Guide*. They are divided into two parts: Preservice Training and Inservice Training. The Preservice portion of both books has been divided into four major sections with several sub-sections. The Preservice section can be read by the instructional associate before she begins work, or just as she is beginning. A good relationship with you, the students, and the school is encouraged in the Preservice section. The instructional associate receives general information which will help her gain a positive orientation toward helping handicapped students.

Inservice units should be undertaken after the instructional associate begins work. The Inservice units teach the skills necessary for being a helpful instructional associate. Inservice has eight major instructional units with several sub-units. Since these units are self-paced, you may spend more time on some units than others. Even though the instructional associate will do most of the work on her own, remember, you, the program manager, are the primary trainer during Inservice. As you are training the instructional associate to work in your classroom, you may wish to spend more time on particular units that have the greatest relevance to your classroom needs. For each Preservice and Inservice instructional unit, there are self-checks called ASSIST Activities. These are not tests, but a way of providing the instructional associate immediate feedback on her level of understanding of the material for each of the units. Your *Teacher's Guide* is also your training manual and therefore contains additional suggestions and activity directions.

Supplementary Films

ASSIST makes available a series of 16mm films which are designed to be an aid to training. They should provide the instructional associate with additional information, clarify major points, and demonstrate skills the instructional associate will be using in her instructional and instructionally related activities.

The films are available through the State of Indiana Instructional Materials Resource Center for Handicapped Children and Youth free of charge.

I.M.R.C.
Box 100, Butler University
4600 Sunset Ave.
Indianapolis, Indiana 46208

Phone: (317) 633-5259
Hours: Monday 8:00-7:00 p.m.
Tuesday-Friday 8:00 a.m.-4:30 p.m.
(except State Holidays)

There are four reels of film. The first reel contains Preservice films. Reels number 2, 3, and 4 supplement the Inservice units. The films may be requested from the Center by phone, letter, or direct visit.

Since discussing the ASSIST training with other teachers and instructional associates can be a rewarding and beneficial experience, your Local Director has been encouraged to show these films during one, two or three district-wide inservice sessions, if possible. However, you may order the films for your particular team only, if you wish, or if district-wide inservice sessions are not available. A description of the ASSIST films and the ASSIST Film Activities are included in the back of your *Teacher's Guide* and the instructional associate's *Sourcebook*. Although it takes some time to get the films and set them up, we strongly recommend that you take time to view them together. The films add more realism to the training.

Summary

As comprehensive as ASSIST may be, the instructional associate may still have questions and concerns that are important. You, as the teacher and the primary trainer, should provide the instructional associate with specific information, suggestions, and ideas to help make ASSIST work for both of you. You are encouraged to talk with your instructional associate about the material she has read as often as you can. Naturally, this may be more difficult for those of you with little free time during the day or week for discussion or planning. ASSIST simply recommends that you communicate with each other about the training materials as often as you can given your particular situation.

Finally, to do the training well, get to know the content of the *Sourcebook* before giving it to the instructional associate. Become comfortable with ASSIST, know how it works, and most of all, make it relevant to your classroom. In so doing you will find the ASSIST training to be easy and unthreatening. The minimal time you put into ASSIST at the beginning will save you much time and effort later.

FOREWORD

This program is designed to prepare paraprofessionals to enter the field of special education. It may also be used with paraprofessionals who wish to expand or enhance their knowledge and skills in working with students in school settings.

You are well aware that special education is in a state of transition. Stereotypic attitudes and beliefs regarding the nature and goals of education for those labeled handicapped are being discarded in light of more humane and relevant approaches to education and delivery of service systems. The developmental model of continual growth and change is rapidly replacing the defect and disability tenets of the medical model.

Role definitions are also in a state of transition and expansion. Child advocacy and program management are new roles assumed by teachers. The role of paraprofessionals has also been expanded. No longer can we view paraprofessionals as responsible only for non-instructional activities, such as house and record keeping. With appropriate training, paraprofessionals can assume complementary roles to teachers in the instruction and instructionally related areas.

The purpose of this training program is to train paraprofessionals to assume these complementary roles under the leadership and guidance of you, the teacher — the program manager.

You are by now aware that the terms "program manager" and "instructional associate" have been used to describe the complementary roles of you and your paraprofessional. It is our belief that while you and the instructional associate have different functions and roles in the classroom, together you form an instructional team. The primary goal of ASSIST is to provide the instructional associates with the knowledge and skills necessary to assist them in becoming valuable members of the educational team. Although you are undoubtedly performing some or all of the functions of the program manager, another goal of ASSIST is to develop or expand your skills in this role.

The flexibility of the training program enables it to be of benefit to teachers regardless of their teaching arrangement and style.

It is our hope and belief that through ASSIST you and your instructional associate will together form a complementary relationship that will bring about positive and lasting changes in the children you serve.

H.J.S.

G.A.B.

Bloomington, Indiana
August, 1978

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We are indebted to Dr. Henry Schroeder, Director, Developmental Training Center, whose foresight and concern regarding the need for better services for the handicapped including better training of service personnel, is an ongoing example for the Center staff.

We extend our thanks to the students who gave so much time and effort toward the production of the films and to the parents for their cooperation.

We are grateful to our colleagues at the Developmental Training Center, especially Evelyn C. (Bonnie) Brown, initial Project ASSIST Coordinator and current Director of the Early Childhood Unit, DTC. It is her vision and ideas that remain the heart of this program.

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Model assessment and planning forms for this package were adapted from the *Indiana Home Teaching System for Parents and Handicapped Preschoolers*, co-developed by the Indiana University Developmental Training Center, Early Childhood Unit and Indiana Department of Mental Health, Division of Mental Retardation and Other Developmental Disabilities (#51-P-2549/5-01, HEW, OHD/DDO).

PART 1

PRESERVICE TRAINING

THE TEACHER AS PROGRAM MANAGER

Introduction

As a teacher of the handicapped, you are very aware of the changes occurring in delivery of services to individuals so labeled. Parental involvement, due process, better facilities, and new insights into programs and practices, are just a few of these changes. With these changes have come changes in your role, including additional responsibilities for developing, implementing, and evaluating programs for your students.

You are also aware that these obligations cannot be fulfilled solely by you. These changes demand so much time and effort that you must have help. A team effort including yourself, the instructional associate, other school personnel, and parents is necessary to meet adequately the individual needs of all the children. Education of handicapped individuals requires a coordinated effort of all involved parties. Your responsibility is to organize and coordinate this effort.

This section will focus on how you carry out the process of program management and the related activities. As you read this section, you will quickly become aware that you already are performing all or most of the functions described. It is not the intent of ASSIST to change your role, but to clarify it, so you may better utilize your instructional associate in a manner that complements your efforts.

The Process of Management

If you examine your daily responsibilities, you will find that the greatest portion of your time is spent in planning, organizing and evaluating. You plan schedules of activities both for your students and yourself. You develop instructional activities for each student on a general basis breaking them into daily and weekly plans. You plan conferences with school personnel and parents to assist you and to gain more information. You then take your plans in all of these areas and organize them into an instructional program for each of your students. You must also organize and coordinate such programs and related activities within the routine of your classroom and school. As the primary planner and organizer, you must also evaluate on a formal and informal basis what has happened with the plans. How well is everything working? What changes should be made? What changes can be made? How are the students progressing? Throughout the day, probably without realizing it, you are making constructive evaluations of how smoothly everything is running. Even during instruction, you are evaluating how the lesson is progressing and are ready to change your behavior, the materials, or activities, to reach the objective of the lesson.

This process of management will vary with the individual style of each teacher, but essentially all teachers, to a greater or lesser extent, are engaged in these types of managerial functions. It is from the process of management that your role as program manager, with its specific responsibilities, is derived.

The Activities of Management

The goal of education for handicapped students is no different than for other students. It is to assist them in becoming participating members of society to the extent they can manage and enjoy. It is through appropriate educational or instructional programs that this goal is reached.

In your role as program manager, you have four major functions:

1. Assessing the developmental level of each student.
2. Developing instructional objectives and programs for each student.
3. Coordinating personnel to assist you in reaching the objectives.
4. Evaluating the programs.

These functions, unique to you as program manager, are built into the instructional process. In addition to the actual implementation of instruction, you must plan, organize, and coordinate the personnel to achieve these program goals within the instructional process. The second Inservice chapter, "The Instructional Process", gives you a step-by-step description of how your role as program manager is operationalized. It is important that you realize that this process of management and the related activities of your role as the program manager may be somewhat different than the process and activities of other program managers. Your individual style, students and organizational constraints will affect how you operate in this role. These factors will also influence to some extent the specific ways in which you utilize your instructional associate.

The Program Manager and the Instructional Associate

The role of the instructional associate is to assist you in fulfilling your functions as program manager. This person should be a resource for you, and an extension of you in the classroom. This is accomplished by the instructional associate performing instructional, instructionally-related, and non-instructional duties that complement your activities.

For the paraprofessional to be truly a complementary and valued person in your classroom, you must spend time in defining her specific role and relationship to you as the program manager. By providing her the basic knowledge and skills to work with you, ASSIST will help a positive working relationship form faster and easier. You will spend less time explaining the instructional process to the instructional associate and giving directions for activities that need to be done. You will only need to expand and refine that role so that it becomes complementary to you.

Like any other cooperative effort, it will take time for everything to run smoothly especially if the instructional associate is new on the job. At first, your instructional associate may be afraid to be open about her concerns. You may feel uncomfortable having another adult in the classroom observing you teach. Both of you may be too self-conscious about any mistakes you may make in the classroom. Therefore, it is important that you create a climate of open exchange, so that questions and concerns can be dealt with before they become problems.

For experienced instructional associates, you will be able to discuss different problems and the steps of the instructional process regarding the children you serve in greater depth. Even with experienced instructional associates, ASSIST helps organize their previously acquired knowledge and skills and provides the educational team a means for honestly discussing any problems the team has faced in the past. The true test for your team is to apply the ASSIST training to your classroom.

As the instructional associate will undoubtedly look to you as the model from which to learn, your behavior and professional attitude are critical. Praise your instructional associate. Encourage her. Communicate with her. If you view yourself as the program manager and leader of the instructional team, with your instructional associate as your partner, then you are well on your way to ensuring a more productive satisfying year for both you and your students.

ASSIST has attempted to provide you and your paraprofessional with the basic knowledge of how all of this comes together in the classroom situation. The specifics for your classroom will be decided by your team as you go through the program.

OVERVIEW TO PRESERVICE: TEACHER DIRECTIONS

The preservice material covers the special relationship the instructional associate has with: 1) you, the teacher, 2) the students, and 3) the school. The instructional associate is also provided a positive philosophical orientation toward handicapping conditions which will help her serve handicapped children appropriately.

You should familiarize yourself with the content of the *Sourcebook* and the activities in the *Sourcebook*, before giving these materials to your instructional associate. ASSIST recommends that you give the instructional associate her *Sourcebook* as soon as possible. Some of you will be acquainted with your instructional associate before school begins. Others may not know her before the first week. Whatever your circumstances, the earlier the instructional associate is able to cover the preservice material, the sooner she will understand her role as your complementary partner and the sooner you can begin inservice training.

There are several ways to present the materials to the instructional associates. You can present them personally to the instructional associate. In other cases, several program managers, or even the school faculty may desire to arrange an orientation workshop to show the preservice films or acquaint the instructional associates with the total school team. Choose the format most appropriate for your particular situation.

Above all, feel free to modify the materials to meet the needs of your school or classroom at any time. Good luck! ASSIST truly hopes that the materials enable you and your instructional associate to enjoy a more productive satisfying year for the students and yourselves.

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OVERVIEW TO PRESERVICE

The preservice portion of the training program focuses on the special relationships you have with:

1. The Teacher
2. The Student
3. The School

You will learn how you as an instructional associate will work with your teacher and the students in both instructional and non-instructional areas.

You will examine how you as an instructional associate should relate to your school, your co-workers, and your students' parents.

Before you can work with and feel at ease with the children, you must know something about them. You will learn that each child is a unique individual with different abilities, motivations, and interests. You will learn how classroom instruction and activities should relate to the particular needs of each child. You will learn about some of the causes of handicapping conditions. You will learn about improvements in treatment for handicapped students. You will learn to use this information to be an effective advocate for handicapped children. You will learn about some of the newly acquired legal rights of handicapped students.

Finally, you will have an understanding of the field of special education — its history, future, and your role in it.

Chapter 1

YOU ARE AN INSTRUCTIONAL ASSOCIATE

INTRODUCTION

This book has been written to help you, the teacher's aide who works with handicapped students. Whether you are just beginning a new career as a teacher's aide or are an experienced aide, this *sourcebook* will be of value to you. In your role you will be working primarily with teachers and children. Your main concern and goal is to help students learn and develop.

You will find that children vary a great deal in their development in their ability to learn. For example, one child may talk fairly well, but be unable to perform physical skills nearly as well as she speaks. Another child's motor skills may be highly developed, but she speaks very little and does not play with other children. One child may not be able to lift her head while another one can sit up.

Even though handicapped, these students are still able to develop mentally, physically, and socially. All children can learn, but some children experience more difficulty in learning than others. Designing learning activities for handicapped students present a challenge for the instructional associate and the teacher. The primary objective of this *Sourcebook* is to help you meet the challenges and help handicapped students learn.

COMPLEMENTARY ROLE

Extension of Teacher

Whether you are a new or experienced paraprofessional you are an important and needed person. Your major role is to assist your teacher. To be a more effective member of the classroom team, you must acquire new knowledge and skills in addition to your present talents and skills. As an extension of your teacher, you will utilize your abilities by providing direct assistance to children and by performing tasks which will free the teacher's time to fulfill her functions.

In your job, you may be called by many different titles and labels. You may be referred to as a teacher's aide, a paraprofessional, a classroom assistant, or simply an aide. Regardless of the label attached to you, you have a special relationship to the teacher, the children, the school, agency, or center. The value of the contribution which you make depends on the interest and enthusiasm you bring to your job.

Paraprofessionals Help

One example of the importance of paraprofessionals is found in medicine. The medical profession has had paraprofessional nurses or licensed practical nurses for quite some time. Although these paraprofessionals do not possess all the skills and knowledge of doctors and registered nurses, they have demonstrated their importance by using their complementary skills and knowledge to provide needed help to the physicians, nurses, and to the patients directly. There is evidence to show that paraprofessionals, although somewhat new to education, can make a similar valuable contribution.

Paraprofessionals within special education have been successful in providing assistance to students and teachers in all levels of programs from preschool through vocational training with students labeled mildly, moderately, and severely handicapped.

Even though paraprofessionals have demonstrated that they are important and valuable resources to teachers and students, historically aides in education have been used primarily as teacher assistants for clerical and classroom housekeeping activities. It was believed that if aides could grade papers, keep classroom records, decorate bulletin boards, and keep materials in order, the teacher would then have more time for lesson planning and other teacher related duties. Aide programs such as these often used volunteer mothers and high school students to work in classes as clerical assistants.

Historical Overview

The use of salaried aides became more common during the 1960's, but the ways in which they were utilized did not vary much from the volunteers of the 1950's. Additionally, training activities to prepare aides usually focused on only the non-instructional aspects of the position. This training, if it occurred at all, usually took place one or two days prior to the start of school, with little or no on-the-job or inservice training. Undoubtedly, training programs such as these limited the teachers' opportunity to utilize paraprofessionals for the maximum benefit of the students.

Philosophy of ASSIST

Goal of ASSIST

Although you will be expected to perform certain of the non-instructional tasks which have been described, it is the philosophy of ASSIST that the major contribution that you make as a paraprofessional is to assist the teacher by providing instruction to students, and by assisting the teacher in the preparation of instructional materials and resources. It is the goal of ASSIST to prepare you to work as a team member with your teacher by spending a major portion of each school day in instruction and instructionally related activities. Many educational teams, today, are already working toward this goal. In these cases, ASSIST will make it easier for your team to reach its objectives.

Since your training will prepare you to use much of each day interacting with students in partnership with the teacher, your title should reflect this level of involvement. For this reason, in the *Sourcebook*, you are called an "instructional associate". (Many educational teams have begun to use the abbreviation "I.A.", to make day-to-day conversation easier.) This more than most other titles, truly reflects your complementary role to the teacher. In your program, however, you may be called an aide or classroom assistant. Remember, it is what you do that is important, not what you are called.

You are an Instructional Associate

This is not to say that you can, or even should, perform all of the activities which your teacher performs. Nor does your title imply that you have all the knowledge which your teacher has acquired in college training or classroom experience. The ultimate responsibility of the teacher is that the students learn, and that educational programs be developed for each student to reach this goal. It is her responsibility to utilize school personnel, community resources, and parents to implement such programs. In this way, your teacher is responsible for and manages each student's program. For this reason, in the *Sourcebook* she is referred to as the "program manager". You are her associate in developing, implementing, and evaluating programs. However, to do this you must have knowledge and skills about the instructional process. The greater your knowledge and skills, the more valuable you become.

Forming a Positive Working Relationship

Expections

You and the teacher must relate effectively and professionally with each other. Your teacher, who has the responsibility for developing instructional plans for each student, must view you as a resource and extension of herself and not another person in the room to plan for and continually supervise. If your teacher must frequently stop her activities to remind you to begin a lesson which she has prescribed for a student, or search for materials which she has asked you to prepare, then you will probably not be viewed as a complementary and needed person.

Anytime we begin a new job with new people, it takes a while to learn the routine and learn what is expected of us in the job. It may take some time to come to know the people with whom we will be working. The beginning of school can be somewhat overwhelming. However, if you take time to observe your teacher, learn the classroom routine and learn what is expected of you at specific times each day, then things will begin to fall into place for you. In general, you will need to learn to ask for assistance in ways and at times that do not interrupt the teacher's activities. You will need to follow to completion any directions or requests from the teacher. You will need a clear understanding of your responsibilities and will need to stay within the role responsibilities agreed on by you and the teacher.

Partnership

If you and your teacher are to develop a partnership, it is important that you talk with each other, ask questions, and share ideas in a manner that is honest, positive, and constructive. Since the teacher is the program manager, any questions or ideas you have concerning the instructional process should be discussed with the teacher. Eventually, you will be able to anticipate each other's needs. Then, you will demand less of the teacher's time. You will be well on your way to developing yourself as an instructional associate. When you are able to understand the goals of instructional programs for each student, work with groups of students, and evaluate what you have done, you will then be viewed as a skilled and vital member of the educational team.

Share Ideas

Factors Influencing Your Complementary Role

The lack of enough time for planning and discussing classroom activities during the school day or during the school week is a major problem facing many educational teams. While sharing ideas, asking questions, and discussing the ASSIST training are essential, it will be more difficult for your team to do this if there is little time available for these activities. You will have to learn when it is most convenient for your teacher to talk with you, so you will not interrupt important instructional activities. You and the teacher must communicate, however, for your team to grow.

Also, if you and your teacher serve a large number of children, or if you see a different group of students during different periods of the day, your team's ability to discuss each student's needs will probably be more limited. If you lack a private place to talk, you may be less able either to discuss classroom problems or discuss the ASSIST training with your teacher. You may even find that you have to do much of the reading on your own without a great deal of help from the teacher. If you assist several different teachers, you may find it difficult to form an equal working partnership with each and every teacher.

Whatever your situation, make the best of it. Be understanding when the teacher cannot give you as much time as you might like. Remember, your teacher is struggling to do the best job she can; so must you.

SUMMARY

We have said that you and your teacher each have specific responsibilities in the classroom, that these responsibilities are complementary to each other and that they depend on certain skills and knowledge. Further, it has been said that during the majority of each day you would be utilizing these skills in either direct instruction or in instructionally related areas.

However, if you are to do these things, you must first understand the purpose of instruction, the various aspects of the instructional process, and the roles and responsibilities your teacher, as a program planner, and you, as an instructional associate, have within this process. Your ASSIST training will provide that understanding.

ASSIST Activity 1: *Role Definition* — Chapter 1

Objective: To identify the role responsibilities of instructional associates

Fill in the blanks. Choose your answers from the list below.

1. The major contribution you as an instructional associate can make is to assist your teacher by providing ____________ ____________ to children.
2. You should be able as a team member to spend ______________ of your day in instructional and instructionally related activities.
3. This does not mean you perform the same ____________ your teacher performs.
4. To become a more valuable member of the team you should increase your ____________ and ____________ in educational programming.
5. To be a needed person, you must learn to share ____________, communicate ____________, anticipate the teacher's ____________, and ask questions without ____________ with the ongoing activities.

Ideas
Knowledge
Information
Direct
Learning
Most
Skills
Honestly
Interfering
Needs
Instruction
Duties

ASSIST Activity 1:

1. direct instruction
2. most
3. duties
4. knowledge, skills
5. ideas, honestly, needs, interfering

ASSIST Activity 2: *Role Responsibilities*—Chapter 1

Objective: To differentiate between the roles of the program manager and the instructional associate.

Place a T in front of those duties for which the teacher is primarily responsible and an S in front of those duties which should be shared by the teacher and instructional associate.

1. ____________ Gathering instructional materials.
2. ____________ Deciding whether a lesson plan will be used.
3. ____________ Relating with parents.
4. ____________ Making grade reports.
5. ____________ Selecting instructional objectives for a child.
6. ____________ Providing direct instruction to students.
7. ____________ Supervising children at seatwork activities.
8. ____________ Evaluating the instruction.
9. ____________ Constructing academic tests.
10. ____________ Coordinating the instruction with other school personnel.

ASSIST Activity 2:

1. S
2. T
3. S
4. T
5. T
6. S
7. S
8. S
9. T
10. T

ASSIST Activity 3: *Responsibilities*—Chapter 1

Objective: To develop a list of paraprofessional responsibilities.

Try to develop a list of responsibilities that you believe to be appropriate for instructional associates who work with handicapped children.

Instructional responsibilities:

1.
2.
3.
4.
5.

Non-instructional/Instructionally-related responsibilities:

1.
2.
3.
4.
5.
6.

ASSIST Activity 3:

Instructional examples

1. Tutoring a child
2. Collecting observation data on playground
3. Leading a small language activity group.

Instructionally Related examples

1. Grading papers
2. Putting up a bulletin board
3. Arranging instructional materials in the classroom

Chapter 2

YOU ARE AN ADVOCATE

INTRODUCTION

An advocate is someone who will attest to a person's positive qualities, who helps maximize opportunities, or who defends human rights. For example, a friend who refutes untrue gossip about you or someone who agrees to be a good reference for a job application are advocates for you. Advocates use their knowledge and skills to help people about whom they are concerned.

Many handicapped citizens have become self-advocates but they also may need other adults to speak for them. By far, the most significant and powerful advocates for the rights of handicapped students have been their parents.

On an individual basis, more and more parents are learning to be assertive regarding their child's treatment. They are exercising their rights to question the judgements of others, ask questions, see records, understand what is being said, and get a second opinion. More and more professionals welcome and support this advocacy role of parents. Since they know their children well, parent advocates help professionals assess and program more accurately. In fact, more and more professionals feel the responsibility of informing parents of their rights and how to exercise them. By doing so, they gain the parent's trust and form a positive working relationship.

You Are An
Advocate

Instructional associates must be advocates for handicapped children. To be an advocate for handicapped students, you must be sincerely concerned about their welfare. You must vouch for their potential in school and out of school when situations develop that enable you to do so. You must use the knowledge and skills you gain as an instructional associate to help the handicapped child gain the highest developmental potential possible. You must be a champion of their human and civil rights. A major goal of this training program is to provide you information you can use to be an effective advocate for handicapped students.

Be informed

To be an effective advocate, you must be aware of the history of the treatment of handicapped citizens. You must be aware of significant gains made by advocates of handicapped students. You must be aware of new progressive guidelines for providing services to handicapped students. You will learn that your new role, contribution, and training are an outgrowth of these gains and improvements.

HISTORY OF THE TREATMENT OF HANDICAPPED PEOPLE

Early Societies

Many people have tended to react apprehensively to people who are different from themselves. Some people have difficulty in accepting and dealing with behavior they view as unusual or abnormal.

Lack of Understanding

Attempts to explain and deal with human differences have varied over the centuries. Sometimes handicapped people were feared and thought to possess supernatural powers. In such cases they may have been revered and indulged. Others believed that handicaps were a result of demons and evil spirits or that handicaps were a result of the wrath and punishment of God. This lack of understanding often resulted in various forms of inhumane treatment such as flogging, starvation, or rejection. At other times handicapped individuals were used as court fools or jesters. They were allowed to roam, but were the objects of ridicule and cruelty. In very early societies, handicapped persons were even murdered or left to die.

Lack of Compassion

Greek and Roman history, for example, indicates that the killing of handicapped infants was common. Surviving was difficult. Since severely handicapped individuals were often unable to fend for themselves or contribute to society, they were considered to be a burden. Physical and mental fitness were highly valued.

As civilization advanced, a more compassionate approach developed toward handicapped people, at least for the most part. During medieval times asylums were built as places of refuge for those in need of protection. Handicapped people were seen as "children of God" and many were allowed to live in the community, being cared for by relatives and neighbors. But, during the Middle Ages, they were also used as court fools for the amusement of the rich. One can imagine the cruel abuse encountered in such a position. Attitudes of this period are revealed by terms in the literature such as "Simple Simon", "village idiot", "fool", "bumpkin", or "ass". In the 16th, 17th, and 18th centuries witch hunts singled out many handicapped individuals as having succumbed to the devil and many were put to death, most often by being burned at the stake.

Attempts to Educate

In the late 1700s attempts to educate the deaf, blind and retarded were recorded. Physicians and educators became interested in describing conditions and treating the handicapped. These early movements concerned with education and training revealed an optimistic view of handicapped individuals. For the first time, handicapped persons were viewed as being able to profit from learning experiences. The founding of the American Association on Mental Deficiency in 1876, the oldest professional organization concerned with retardation, reflected this optimism.

Early Attempts

Gradually, state residential facilities were established with a combined emphasis on medicine and education. Many residential and training centers were built in the later 1800s and early 1900s. The residential facilities at this time and even today, were often directed by medical people. The emphasis of medicine was to diagnose an illness and then to prescribe a treatment to cure the illness. It was thought that handicapped individuals were best served by placing them in residential facilities and providing them with training. At the end of their training they could be returned to the community. Unfortunately, this rarely occurred. Many handicapped citizens remained there throughout their lives.

Usually these residential institutions were built miles away from any community. Mentally retarded individuals were then sent away and provided total residential, educational, and medical care. This situation perhaps, gave society a false sense of providing good care for handicapped individuals. As a result, handicapped people could be easily forgotten and usually they were.

The Eugenic Scare

During the early 1900s a variety of events occurred in this country which started a new wave of negative attitudes toward handicapped people. Americans were experiencing an influx of immigrants from many countries and a movement of people from rural to urban areas. This resulted in a rising number of poor people crammed into city slums. These trends were accompanied by a rise in crime.

The more privileged and powerful segments of society sensed future disaster. They felt that there would be a continual decline in moral standards and that they would eventually be swamped by "inferior" and dangerous types of people. Low intelligence, immorality, alcoholism, crime, epilepsy, and poverty were incorrectly associated with each other. Some scientists gave support to these contentions through biased research studies. Their solution for society's ills was to keep handicapped people from breeding. This was done by instituting various measures, including:

Ignorance and Fear

1. Passing laws prohibiting the mentally handicapped from marrying, procreating, and caring for their young.
2. Passing compulsory sterilization laws.
3. Sending those thought to be mentally handicapped to colonies which separated men from women.

A handicapped individual could be incarcerated in an institution for an unlimited period of time simply for being handicapped. People felt that they needed to protect themselves from the handicapped. This scare, known as the "eugenic scare", lasted until about 1935. There was a great decrease in providing services to individuals who were viewed as a "menace to society" and even fewer residents in the institutions were returned to the community. Also within the institutions there was a general denial of human and civil rights.

Denied Human Rights

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Institutionalization Expands

Because there were no programs available in the community and because of the fear of the handicapped, the number of institutions expanded greatly during this period. The institutions were often called "colonies" rather than training schools and were built mainly to control and contain, rather than educate and train people. In the early part of the century the colonies resembled communes in that people were expected to spend their lives there and work to support the colony. Most were situated in isolated areas and were based on a farming economy or they produced small industrial or handicraft items such as brooms or toys. The patients worked at whatever they were capable of doing. Higher functioning residents worked as aides caring for the lower functioning or physically handicapped residents. Because of this system more able clients were valued and necessary to the inexpensive operation of the institutions. Therefore there was little attempt to return those who were capable of being self-supporting and independent to the community. They were too valuable to the institution. Many colonies were quite productive and able to support themselves, thus they were not the economic burden on society that they were later to become.

Legislation in the 1940s served to reverse this self-supporting trend. Using residents as workers was felt to be exploitive and legislation was passed to make this illegal. Indeed, there were undoubtedly many cases where residents were being overworked and retained purely to get the benefits of their labors. Unfortunately, the new laws were also abused. Many residents who appreciated being involved in productive activity were denied any opportunity to contribute.

During the Great Depression of the 1930s and the advent of World War II, few institutions were built or expanded. Then since a great number of babies were born immediately after the war, the institutions were unable to accept or handle all who were applying for admission.

Negative Advice

Physicians, who perhaps had never seen an institution and knew little about education for the handicapped, told parents that they should institutionalize their child. Many families reported that at the time their child was diagnosed as having a certain handicapping condition, their physician would recommend that the child be placed in an institution. The following reasons were often given to support this recommendation:

1. You should not get attached to a child you will eventually have to give up.
2. Don't let children get used to living at home with your family but rather learn to live in an institution where they will eventually have to go anyway.
3. Institutions can give better care.

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4. The child will disrupt your family life and be a negative influence on your other children.

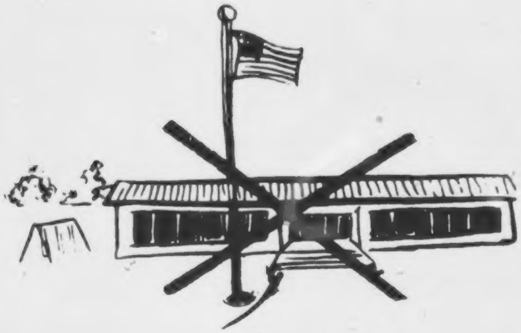
Generally, a very negative explanation was given. A mystery surrounded the handicapped child. It was hinted that the child's behavior would be significantly different from that of a non-handicapped child. Many parents were given the impression that their handicapped children would be very difficult or impossible to manage in the home. It was also suggested that they wouldn't have the "know how" to meet the needs of their child. Unfortunately, many of these questionnable practices still happen today.

Treated Inhumanly

As the overcrowded conditions worsened, residential institutions became less like training facilities and more like human warehouses. Occasionally, training programs were offered to the "higher functioning" people whereas the less capable individuals were left in beds for the entire day, or placed in "day rooms". A day room was usually a large barren room where many handicapped individuals of all ages were placed. There were often only wooden benches on which to sit and no bathroom facilities. Therefore, the floors were usually made of concrete with large drains placed in them so that the residents and the rooms could be washed down on somewhat of a regular basis. Personnel working within these institutions were, for the most part, untrained.

Excluded From Public School Programs

In spite of laws requiring compulsory school attendance for school-age children, schools were not obliged to keep children who were judged to be "uneducable" or whose behavior "interfered with other children". School system representatives argued that only those who could "profit from an education" belonged in the public schools; education being rather narrowly defined in terms of normal progress in academic learning.



Public School Special Classes

The first special class for retarded children was formed in a public school system in 1896, but it was not until the 1950s that the number of special classes for exceptional children really began to expand. These classes were mainly for the mildly retarded. Most moderately, severely and profoundly retarded children were still being placed in residential institutions. In an attempt to get better services for their children, parents began to band together in their efforts and the National Association for Retarded Citizens (NARC) was formed in 1949. This organization and its local affiliates began to organize classes for their handicapped children and, at the same time, tried to make the public aware of the needs of the mentally retarded. The parents also sought the support of social agencies, state legislatures, and local school boards to provide public school classes for their mentally retarded children. Parents argued that as taxpayers they had helped to pay for the public schools, and their children should not be deprived of the benefits just because they were retarded.

Few Programs Provided

In 1950, no state had laws specifically encouraging local districts to provide school programs for the moderately retarded. By 1959, 37 states had legislation pertaining to the establishment of classes for the moderately handicapped. But, this legislation usually left the decision to establish special classes up to the discretion of the local school systems. If funds were short — as they always seem to be for public education — the schools would not provide classes because of "lack of funds". By 1963, the number of moderately handicapped students in special education programs was divided about equally between residential institutions and public school day classes. Very few public school classes for severely handicapped students existed.

LEGAL ACCOMPLISHMENTS ACHIEVED BY ADVOCATES

Litigation Gains

Litigation on behalf of the handicapped became a major influence in the development of comprehensive programs for the handicapped during the early 1970s. This litigation has forced governmental agencies (state or local governments, for the most part) to provide education or treatment for handicapped children and adults.

PARC vs. Pennsylvania

In 1971, the Pennsylvania Association for Retarded Citizens (PARC) filed a class action suit (specifically on behalf of 14 retarded children who had not been allowed school admission but actually for all similar children in the state of Pennsylvania) against the Commonwealth of Pennsylvania. Not providing

educational programs for the mentally retarded was held to be a discriminatory practice. The court held that the public schools must provide education suited to the needs of all mentally retarded children between the ages of 6 and 21. The main points brought out in the case were that the mentally retarded *can* learn with appropriate education and that education must be viewed more broadly than traditional academic programs. Education should be seen rather as a continuous process by which individuals learn to cope and function within their environment.

Mills vs.
District of
Columbia

A second case, Mills versus the Board of Education of the District of Columbia, established the same principle for all handicapped individuals and strengthened the impact of PARC vs. Commonwealth of Pennsylvania because of the emphasis on the "constitutional" basis for providing education by confirming that the retarded need "equal protection under the law". This is supported in the clause of the 14th amendment to the constitution which states that, "what is done to some has to be done to all". The Mills case also decreed that a lack of finances could no longer be used as an excuse for depriving exceptional children of the rights others enjoy. It established that not only are schools required to provide "an education" but also an education appropriate to the individual's needs. Another provision established the right of all children to the protection of procedural due process, in accordance with the fifth and fourteenth amendments, whenever changes in their educational status are proposed. The concern here was to keep the children in a setting which is most normal and most appropriate to their needs. There was a recognition that both parents and child deserve some input into making that decision.

Legislative Gains

Indiana's Rules

In 1973, the Indiana State Legislature passed a law requiring school systems within the state to develop a plan to provide education to all school-age children. This was a mandatory provision for free and appropriate public education. A fundamental assumption of the law is that the consumers of education, students and parents, must participate in the formulation and development of programs which affect their lives. Students can no longer be placed in special education classes based on an I.Q. score alone. Other relevant data and reports concerning the student must also be considered. Parents have the right to appeal any decision made by the school system in regard to their child.

Federal Legislation

Public Law
94-142

Finally in 1975. The Education for All Handicapped Act (Public Law 94-142) was passed by the Congress of the United States of America. This law mandates a free and appropriate public education for all handicapped children. According to this law, all children must have an "Individual Educational Program" (IEP) tailored to meet their needs. The federal government has given power to this law by making the states and local reception of federal funds (not just to special education but to all federally funded programs) dependent on fulfilling the requirements of the law. It seems that the rights of the school-aged handicapped population in all parts of the United States are finally to be protected.

Our legal rights are drawn from one of two basic sources: constitutional rights and statutory rights. Constitutional rights are fundamental rights held to be basic and inalienable and are defined in the documents of the United States or State's Constitutions. Statutory rights are legal rights which are the result of specific provision of statutes enacted by the legislatures. These rights are guaranteed for *all* citizens, including *all* exceptional children and adults. In the past these constitutional and statutory rights have often been overlooked with regard to handicapped citizens.

Basic Legal Rights

PREJUDICE

We all are prejudiced to some extent although some do not like to admit this. Prejudices are usually based on certain beliefs we have about certain groups of people. These untrue beliefs are based on opinions we have formed over a long period of time. Perhaps our parents, other family members, or people we've admired, were prejudiced against one or more groups of people — blacks, Jews, and homosexuals, to name just a few. Some people believe that all the members in a given group exhibit the same traits and mannerisms. These traits and mannerisms are usually considered to be "bad", or "evil", or just plain "no-good."

This process of taking a set of characteristics, and applying them to a group of people is called "stereotyping." We have all heard that "blacks are lazy", and that "homosexuals are emotionally disturbed". Even though we have information which contradicts these statements and others like them, we still find it difficult to expel them. This is because our prejudices did not come about over-night. It took years to form some of these opinions and to get rid of them is difficult and takes time.

Stereotypes

Information, new experiences, and exposure to different types of people will help to alleviate the misconceptions we have. Soon, one realizes that people are people; some are lazy, some emotionally disturbed, and some are tight with their money regardless of their race, sex, skin color, or religious background.

Let us now turn to individuals who are labeled or called "severely retarded," "severely disabled," or "severely disturbed". What is your image or opinion of people so labeled? We have all heard certain statements about them.

"All severely retarded children cannot learn."

"All severely disturbed children should be put in an institution with their own kind."

"You can always tell a severely handicapped person by the way he looks."

"Severely disturbed people come from families with 'bad blood'."

These statements and others like them are totally unacceptable and negatively affect the lives of handicapped citizens.

We have written about some of the ways in which individuals who have been labeled mentally retarded have been viewed: as a sick person; as a menace to society; and as a "sub-human" organism.

Labels and Myths

Common stereotypes or myths about the handicapped are that they are emotionless, lazy, violent, unable to control themselves, over-sexed or under-sexed, that they have childish interests, that they don't care about other people, or that they don't care about the conditions in which they live. These are all aspects of the "sub-human" myth about the handicapped.

Actually on all of the above-mentioned variables handicapped people are very similar to everyone else. They have normal sex drives, they can experience the typical range of emotions, they may have typical energy levels, they are no more violent than average, they are able to control themselves, they develop adult interests, they care about their peers. They also have tastes and values which cause them to like comfortable and attractive home-like settings, well-prepared food, and nice clothes.

There have been many ways in which the handicapped have been negatively viewed and treated such as:

objects of pity,
objects of charity,
objects of ridicule,
objects of dread,
holy innocents, or
eternal children.

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These notions give the impression that individuals who are handicapped are different than the rest of us; that they may therefore be treated differently. These views become the rationale for society to isolate, forget, or pity the handicapped. These perceptions foster a picture of sub-human status and prolonged dependence. These inaccurate perceptions have a negative impact upon attitudes and expectations of handicapped citizens, persons directly or indirectly responsible for serving handicapped citizens, and the general public.

Unacceptable Views

Effects of Prejudice

When a person is treated or thought of in a certain way, that person may behave in that way. This is true of all people, whether they are called "normal" or "mentally retarded". If, for example, people expect you to be funny, you will try to be funny; if people think of you as outgoing, you probably will be. Labels give us a message about what to expect of people and this message can be good or bad. Unfortunately, in the case of handicaps, the message has been a bad one.

Moderately or severely handicapped individuals often have physical differences obvious to the public. Because they sometimes look or act differently, they may be treated as curiousities by strangers. Particularly children often make insensitive remarks. This may cause an individual to be over-sensitive, suspicious or insecure in public. If they internalize the feelings displayed by others, they may feel like a "freak" or oddity. Generally handicapped students need support from their parents, the teacher, and yourself to reassure them that they are worthwhile and lovable humans. Often a support group for teenagers or adults, where they can share their feelings, will help them to become more comfortable with themselves and with others. Even the most handicapped students can learn to accept and be comfortable with their differences.

Possible Effects on Instructors

People have often characterized the handicapped as being unable to learn. This low expectation may actually lead to low performance. Evidence indicates that if instructors presume a child to have limited potential, they will tend to set goals too low or "water down" the curriculum. When we do not expect much we do not get much. When we expect a lot we are bound to get more because we plan for learning to take place. For many years special education programs

Expectancy Effect

were characterized as "happiness programs", because their main goal was to make the "poor things" happy by catering to their needs and making no demands of them.

Most teachers of handicapped children have learned to be on guard against this "expectancy effect." You, as an instructional associate, must also be aware of this possibility. Labels assigned to children by society and educators must not prevent children from making progress.

Overprotection

The sterotypes that view handicapped people as potentially dangerous or especially vulnerable have too often resulted in overprotection by caregivers. For example, they have often not been allowed out into the neighborhood alone.

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The Dignity Of Risk

Some severely handicapped students have never even been left alone in a room. As a result of this overprotection, their peer interaction, mobility in getting from place to place, and many other skills learned in a natural setting have been limited. Their skills have been limited not because they could not learn, but rather because their experiences have been so limited. This has especially affected peer interaction for handicapped people during their adolescent and young adult years. Parents, teachers, or residential supervisors have been so afraid that they might get into harmful sexual situations that they have limited *all* interaction with the opposite sex. Instead of studying the individual and deciding exactly what situations they would be able to handle or how to teach them skills so that they could be independent in social-sexual situations, they instead curtailed participation in any situation that they judged to be risky. Caregivers jumped to conclusions and made program decisions which often weren't necessary and which resulted in restrictions in freedom and rights. It was often expressed that those in charge were "being good" to the handicapped by protecting them from their own evil selves. This same attitude resulted in institutionalizing handicapped people not for anything that they had done, but rather for what others feared they might do.

Missed Opportunities

This overprotection was also extended to situations where handicapped children might experience embarrassment or failure. Instead of letting children try things and make mistakes, everything was done for them so that they would never feel the pain of failure. Children were not allowed out into the community because they might be teased or rejected by peers. Lately much has been written about the "dignity of risk-taking" for handicapped people. Handicapped people can learn to tolerate and deal with some failure, teasing, rejection or stares. It is now advocated that handicapped people be allowed to make decisions and have freedoms even if the decisions are accompanied with some negative consequences. You must support your teachers efforts in implementing less restrictive activities for the children you serve. In fact, your contribution may make it more possible for the teacher to attempt such activities.

The Spread Effect

Another potentially negative effect of the label "severely handicapped" is "spread effect" or "stigma generalization". Spread effect takes place when a person is viewed in terms of a label only. Seeing, for example, is only one aspect of most of our lives. How many of us would define ourselves as non-blind individuals when asked to describe ourselves. Yet people too often think that for blind or other handicapped people, the handicap describes the person, affects all dimensions of the individual's personality, and is the most important aspect of the person.

Consider the labels "trainable retarded" and "multiply handicapped". How much do they really tell you about the child's strengths, weaknesses, her potential for becoming a total person? Because a child spends most of her time in a wheel-chair or because she does not walk and talk as well as others, does not mean that she is not a person — she laughs, she loves, she cries. You must understand the mother who so carefully and astutely said, "my child is not a handicapped child; my child is a child with a handicap".

CURRENT TRENDS ESTABLISHED BY ADVOCATES

The Normalization Principle

The normalization principle serves as a guide for advocates who are struggling to end the negative social viewpoints and to improve the treatment of handicapped citizens. The normalization principle means that a person labeled severely handicapped has the *right* to live as normal a life as possible in as normal a setting as possible. Non-handicapped people live in houses with a family unit, go to work, make decisions and choices — the handicapped should also have these rights. For too long handicapped citizens have been denied their basic rights due to prejudicial attitudes and practices. Now that individuals labeled moderately, severely or profoundly handicapped are viewed as full citizens, they should have the same opportunities that anyone has to live and enjoy life. The normalization principle includes:

Basic Rights

1. Normal Rhythm of Day

This means that people who are handicapped have a need to get out of bed, get dressed, eat breakfast, go to work or school, and all the other activities normal people engage in daily.

2. Normal Routine of Life

Persons who are handicapped should live in one place, go to school or work in another, and participate in recreational activities in the home or still another place. These places should be kept separate from each other.

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3. Normal Rhythm of Year

Persons who are handicapped are entitled to observe holidays and special events. They are entitled to find time to change their life situations — for example, taking a vacation.

4. Normal Developmental Experiences of the Life Cycle

All individuals have a life cycle: childhood, teenage, young adult, adulthood, and old age. Persons who are handicapped should experience the same life cycle. When they are young, they should experience a childhood which is rich in warmth of atmosphere and sensory stimulation. When they become school age, handicapped individuals should attend school, regardless of the type or severity of their handicap. Adults work and participate in community activities and affairs. They are expected to live as independently as possible. Individuals who are handicapped should be offered the same opportunities to experience variety in their life cycles.

5. Make Decisions and Choices for Oneself

Persons who are handicapped should be able to make decisions regarding their lives and the daily events which are part of their lives.

6. Learn to Live in and Experience a Sexual World

Persons who are handicapped should experience a world made up of both males and females, just as any of us do. They should have the training which will provide them with skills in relating to members of the opposite sex.

7. Learn to Live, Work and Play in Society

No longer is it thought appropriate to place handicapped individuals in residential institutions unless there is no other placement at this time in the community. No longer is it appropriate to deny the handicapped the rights that non-handicapped persons have. Handicapped persons should have the opportunity to be in a normal living arrangement which allows adult functioning.

A Less Restrictive Education

A normal life style includes the right to a free public education in our society. If a child is excluded from school due to a handicap, that is a violation of human rights and the normalization principle.

Mainstreaming

Mainstreaming is the term often used to describe attempts to place handicapped children in normalized educational settings. For example, handicapped children who go outside for recess, go to the lunchroom, and do group activities experience a normalized or mainstreamed education in contrast to children who are inside all day, lie in bed all day, and never interact with other children.

Handicapped children are mainstreamed to varying degrees. For example, handicapped children who interact with non-handicapped children as well as other handicapped children are mainstreamed to a greater degree than those who interact with other handicapped children only. Another phrase often used in referring to the different degrees of mainstreaming is "least restrictive alternatives". Again, handicapped children who interact with non-handicapped children are in less restrictive environments than those who do not. Currently some states, such as Indiana, have legislated a "least restrictive alternative" policy which means that handicapped children should only be removed from normalized or regular classes when absolutely necessary, to the least extent possible, and returned as soon as possible.

In general, the more severe the handicapping conditions, the less mainstreamed the child. Children with severe handicaps often are placed in programs with other severely handicapped children to receive special services. Even though these settings are relatively more restricted, there is still an attempt to make sure that the environment is not more restrictive than necessary. Educators of severely handicapped children still try to provide the children they serve as many normalized everyday experiences as possible.

In summary, the issues of normalization, mainstreaming, and least restrictive alternatives challenge educators of the handicapped in two ways:

1. Educators must assess the restrictiveness of the current school setting.
2. Educators must provide skills so that the child may take advantage of less restrictive settings in the future.

What Can Be Done?

What can be done to make our school setting even less restrictive? What opportunities do other children enjoy that the students we serve do not? Are there any adaptations which would permit the students we serve to enjoy these experiences? These are extremely difficult questions. Any creative ideas you can share with the teacher might be helpful.

DEINSTITUTIONALIZATION

Deinstitutionalization is a philosophical way or model of delivering services to handicapped individuals consistent with the normalization principle. Deinstitutionalization has become a federal policy mandated through the Developmental Disabilities Act of 1975 and other legislation. Deinstitutionalization has been misunderstood or oversimplified to mean releasing people from traditional large state operated facilities to community institutions such as nursing homes, group homes, or foster home care. But simply releasing handicapped people from total care to partial care facilities or from custodial types of care to non-care situations have resulted in equally

"inappropriate care" or "equally institutionalized care" in different settings. The goal of deinstitutionalization is to transform a dehumanized, segregated, model of services into a humanized, community-integrated model. Deinstitutionalization involves the development of both the individual and the community resources to the extent that everyone can live in the least restrictive environment.

Community Integration

In general, for deinstitutionalization to occur, service providers must agree on these points:

1. The handicapped person has a right to all services provided other people including a full range of appropriate programs and services, and cannot be deprived of these without due process.
2. Services are to be provided on a non-categorical basis by peoples' needs not by their labels.
3. Programs must be designed to fit the needs of individuals rather than forcing people to conform to inappropriate, pre-established programs.
4. Program provision should range from total to partial care, totally dependent to semi-independent conditions, or from long term to short term care.
5. There should be a range of services which take into account the individual preferences of the consumers. They should range from those which are very specialized to serve the specific needs of a handicapped individual to normalized services for all people. The least restrictive service or placement in which an individual can function is preferred.
6. Agencies providing services must be accountable to consumers. This involves viewing consumers as active and significant people. In other words, the people who receive the services or their advocates should be involved in planning, implementating, operating and monitoring services at the local, regional, state or federal level.
7. Programs must be viewed as flexible and subject to change with time or circumstance.
8. Comprehensive services are needed in the community, not just for school-age children, but for pre-school and post-school age individuals as well.

Deinstitutionalization also means:

1. Getting rid of isolated and routine care and eliminating the custodial concept in service delivery.

2. Changing physical environments to be closer to a normal model which means closer to how other people who make decisions for themselves choose to live.

There are three fairly distinct processes involved in deinstitutionalization: prevention, rehabilitation, and improvement of institutional settings to make them less "institutional".

Prevention of Institutionalization

Prevention consists of trying to keep people, especially infants, from being admitted to institutions in the first place.

Community Alternatives

More Alternatives

Perhaps the most important part of prevention in the deinstitutionalization process is the provision of viable community alternatives. Deinstitutionalization philosophy does not claim that handicapped people can live without community support, it rather evaluates the nature of the support arrangements. There is a general need for more alternatives in educational placements, day care services, babysitting services, employment services, and special employment arrangements like sheltered workshops or activity centers.

Respite Care

A common need for handicapped people who remain in the community is respite care. Often handicapped children are more difficult to raise than non-handicapped children. Parents who really wanted to care for their handicapped youngsters in their home often could just not cope with the demand of constant care that was needed. However, because there were no facilities available to give the parent a break they eventually decided to put their offspring into a residential facility on a full-time basis. As respite care becomes available on a part-time basis, these parents may be more able to handle their offspring at home. If parents or other caregivers have a chance for a temporary break or vacation, it becomes more feasible to keep children at home the rest of the time.

Crisis Intervention

Parent
Support

There are handicapped children, particularly those who present behavior management problems, whose problems come and go. Many adolescents go through periods of being aggressive when they are hard for parents to control. In such cases the parents feel the need for support or crisis intervention services to help them deal with temporary problems which arise.

Public Awareness

Enlighten
The Public

Information campaigns need to be conducted to enlighten the general public so that they may respond more appropriately to handicapped individuals. This is especially important for doctors and agency personnel who tend to recommend that handicapped persons be institutionalized. These public awareness campaigns are attempts to get others to understand the differences among handicapped people and individualize recommendations. Public awareness programs attempt to convey more optimism about the handicapped and to make the public aware of what community alternatives exist so that early supportive care can be obtained.

Public Awareness

Parent Education

There are more and more centers providing formal training to help parents provide healthy forms of early child care. Many parents are naive about what to expect from a handicapped child and tend to feel that there is some secret or magic which a special school could offer their child that they might not be able to give. Centers help them to see what is normal or typical about their child.

Parent education might also include special management techniques for children who are especially difficult to handle. These might include consultation on how to toilet train a severely retarded child, how to let the family get some sleep when their child is awake most of the night, or behavior modification strategies for a stubborn child.

Parent Support Groups

There is a need for parent support groups so that parents can express the concerns they have which are unique to their role of being parents of a handicapped youngster. Support groups can help parents adjust to the idea of having and raising a handicapped youngster. These groups can be a source of information about good babysitters or can become active in pressuring a community to provide a special service that is needed for their children.

Community Advocates

Parents or siblings have served as advocates for their handicapped relative and often come to planning sessions to represent the client's point of view. Occasionally however the relative may not be the best advocate for the client. For example, the parent may fear pregnancy in their adult daughter that they suspect is having sexual relations. Their solution might be to have the daughter committed to an institution where they believe their daughter would be kept away from men. Let us say that the workshop personnel where their daughter works may have decided that the young woman should go to a clinic and obtain contraceptives so that she can be sexually active without danger of pregnancy. In this case there is a need for an advocate who will try to discern what is in the young woman's best interest or what represents her point of view. The advocate might take a stand in opposition to the parents. Other parents of non-handicapped offspring are not able to keep them from having sexual relationships, so it seems unfair that the parents of a handicapped person would have such power.

At other times the retarded person may not have a relative who is willing or able to act in her behalf. The person may be an orphan or the parents may themselves not be competent enough to fill the role. Then a community advocate is found who is willing to represent the handicapped person in planning a program.

Rehabilitation

Training for Discharge

Presently there are many people living in institutions who, with the aid of community support services, would lead a better life outside the institutions. Some of these people have lived in the institution for a major part of their lives. They may learn behaviors necessary for surviving in the institution but not the community. For example, in institutions the clients may never have prepared their own food, eaten with a spoon, had a chunk of meat to cut, poured from a bottle to a glass, or walked alone. Many need a major effort to retrain or rehabilitate them for possible community life. Institutions must have adequate personnel to search out community alternatives and make recommendations to the institutional staff about how to prepare the client for discharge.

Intensive Support During Transition

When residents do return to the community they are likely to experience loneliness. The institution may have become a home for them and other residents become like relatives. This phenomenon is not exclusive to the handicapped; it is typical for students going to college, or a family moving to a new city. A deinstitutionalized person may undergo an experience similar to culture shock, since their new environment may be entirely different from the institution. Residents may never have made an independent decision before and may lack confidence in their ability to make decisions. Actually they may have been warned by their institutional workers that they have to be "especially good or they will fail" which puts them under additional pressure and strain. In the first few months they will need considerable input from supportive services. All of us do better if we are confident and feel that we are likely to succeed. These handicapped individuals need similar praise for their accomplishments and support with their setbacks during a difficult stage.

Improvement of Existing Facilities

The final impact of the deinstitutionalization movement will be to upgrade the services provided in large residential facilities so that the quality of life will be improved for residents. This is necessary because many people will continue to live in institutions, at least in the near future.

Currently there is a difference of opinion about the future of large residential centers for handicapped populations. Some people believe that these facilities are appropriate for the profoundly handicapped population because they need proximity to medical services for chronic medical problems or special equipment because of physical problems. Some may need to be fed and dressed and kept clean by others for their entire life. It may be difficult to manage them in a typical home. For these reasons proponents of this position suggest that profoundly handicapped persons needs are best met in a large institution. Others agree that the profoundly retarded may need continual total care, but argue that it should be offered in smaller homelike settings close to their home communities. These people believe that aid can be given to parents or that the proper equipment can be supplied for use in their homes. Their belief is that the institution can offer nothing that can not be supplied in a community setting.

Improve the Quality

In spite of this debate, there continues to be a number of handicapped people living in institutions and there is agreement that the quality of life should be improved for the residents who are there. Institutional settings and policies will need to be revised to respect the rights of handicapped people and to allow them to live in normal ways.

SUMMARY

Prejudices consist of untrue beliefs and negative attitudes about various groups of people. Racism, for example, is prejudice against people on the basis of their race. Sexism is prejudice against persons on the basis of their sex. This chapter has focused on the prejudice of handicapism — that set of false beliefs and negative attitudes which too many citizens hold toward handicapped citizens.

Like other prejudices, handicapism has led to negative treatment, denial of human and civil rights, and lack of equal opportunities for handicapped people. As an advocate, you should consider yourself to be a human and civil rights worker for the handicapped. By organizing with teachers, parents and other advocates for social change, a new world of acceptance and service for handicapped citizens will become a reality.

ASSIST Activity 1: *Labeling* — Chapter 2

Objective: To demonstrate knowledge of labeling in relation to the handicapped.

Fill in the Blanks with the letter of the most correct entry.

1. _____ is the process of applying a set of traits to a whole group of people.
2. _____ are unjustified beliefs in negative stereotypes.
3. _____ takes place when people act the way people expect them to act.
4. _____ that are negative influence the way people treat other people.
5. _____ takes place when a person's personality is defined on the basis of a specific handicap.
6. _____ help maximize the opportunities of people whom they are concerned about.
7. _____ means that handicapped students should be allowed to function in as normal an environment as possible.
8. _____ implies that services are offered to the handicapped in a community-centered humanizing way.

A. Expectations
B. Expectancy Effect
C. Stereotyping
D. Spread Effect
E. Prejudices
F. Advocates
G. Less Restrictive Alternatives
H. Deinstitutionalization

ASSIST Activity 1:

1. C
2. E
3. B
4. A
5. D
6. F
7. G
8. H

ASSIST Activity 2: *Advocacy and Legal Rights* — Chapter 2

Objective: To demonstrate knowledge of legal rights of handicapped children.

1. _____ Handicapped individuals have always enjoyed the same legal rights of other citizens.
2. _____ Education is only for those children who can demonstrate basic self-help skills.
3. _____ All children have a right to publicly supported education.
4. _____ All children have a right to an educational program based upon their individual needs.
5. _____ The rights of the handicapped are derived from the same Constitutional and Statutory rights afforded other citizens.
6. _____ Parents and their organizations have been a major force behind the struggle for equal rights for the handicapped.
7. _____ P.L. 94-142 is the Education for All Handicapped Children Act.
8. _____ I.A. s may be considered as advocates if they are sincerely concerned about the welfare of handicapped students and are willing to vouch for their potential, given the opportunity.

ASSIST Activity 2:

1. F 2. F 3. T 4. T 5. T 6. T 7. T 8. T

Chapter 3

KNOW THE STUDENTS

INTRODUCTION TO SEVERE HANDICAPPING CONDITIONS

No Set Definition

You have learned that each handicapped student is an individual with different strengths and weaknesses. You have learned that even for students with the same disability label, there are many individual differences. There certainly is no set definition nor is there a set of common characteristics that fits all handicapped children.

There are many types of handicapping conditions which impede skill development and lead to children being placed in special programs. You should learn about the most common types of handicapping conditions to clear up any misunderstandings you may have concerning handicaps and their causes.

Rules and Regulations

Most states have rules or regulations which set forth the definitions of a handicapping condition. In Indiana, Rule S-1 describes the bases for determining the types of handicaps as well as the appropriate manner of placing handicapped children in special programs. The following discussion is based on Rule S-1. Other states may have different definitions. You should learn how and why the children you serve were placed in your particular special education program.

HOW CHILDREN ARE PLACED

Informed Consent — Due Process

You might wonder how the students in your class happened to be placed there. A clearly defined set of procedures exists which need to be followed in order for a student to be placed in a special program. We generally refer to these procedures as "due process". These procedures, mandated by state and federal legislation, require a school corporation to inform the parents (or guardians) of any evaluations or possible changes in the educational placement of their child. Not only is it required that the schools inform the parents of any changes in educational status but it is required that the parents consent to these changes.

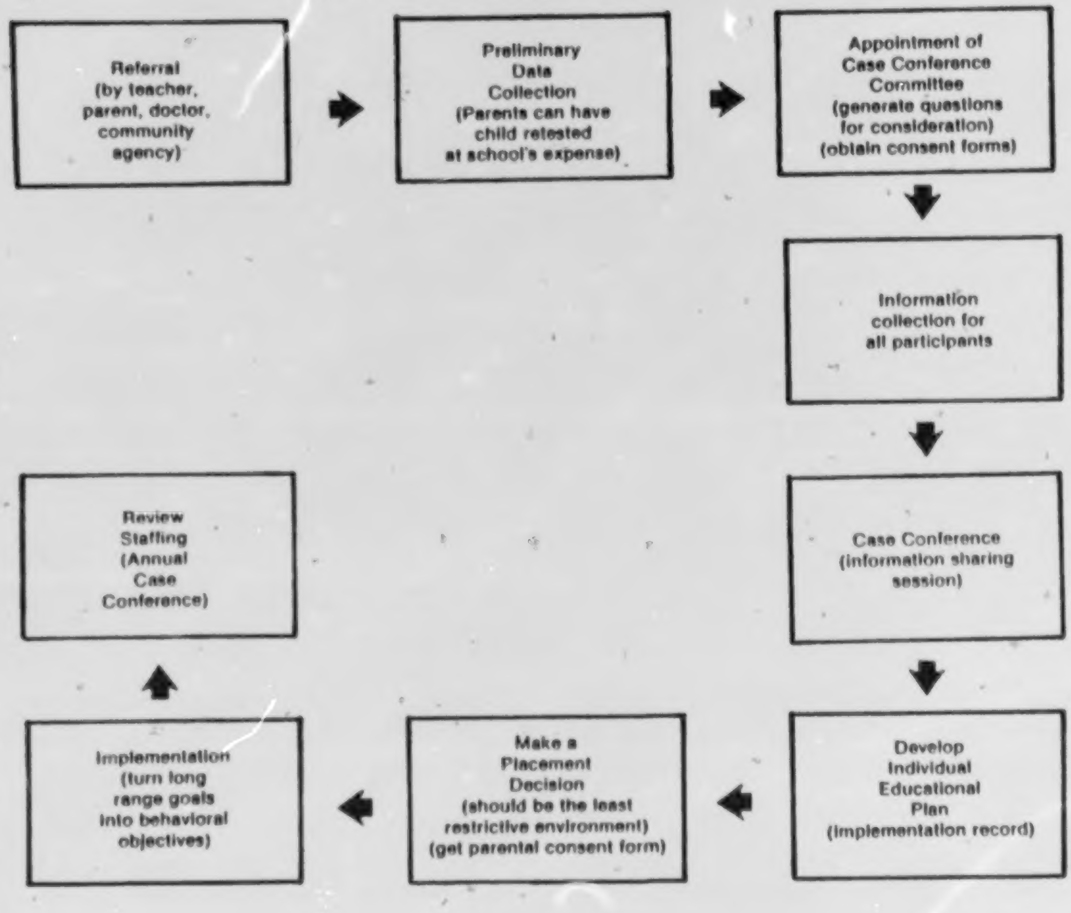
Case Conference

The decision to evaluate a child or place a child in a special setting is part of the case conference process. This case conference process begins with the referral (which may have been initiated by the parents) continues through the

I.E.P.

steps of collecting information, meeting with specialists, devising an individual educational plan (I.E.P.) and includes the placement decision and evaluation sessions. You, as part of the educational team, will be involved in some of the phases of the case conference process, especially collecting classroom information.

EDUCATIONAL PROGRAMMING


Referral (by teacher, parent, doctor, community agency)
Preliminary Data Collection (Parents can have child retested at school's expense)
Appointment of Case Conference Committee (generate questions for consideration) (obtain consent forms)
Information collection for all participants
Case Conference (information sharing session)
Develop Individual Educational Plan (implementation record)
Make a Placement Decision (should be the least restrictive environment) (get parental consent form)
Implementation (turn long range goals into behavioral objectives)
Review Staffing (Annual Case Conference)

Now that you know how children are placed, you need to know why they were placed. In other words you need to know something about handicapping conditions.

WHY CHILDREN ARE PLACED: AN OVERVIEW TO HANDICAPPING CONDITIONS

Moderate and Severe Mental Handicaps

In Indiana, mental handicap "means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from birth through eighteen (18) years of age, which adversely affects a student's educational performance." General intellectual functioning refers to the ability of individuals to perform certain skills and demonstrate certain knowledge common to their age and culture. These skills and knowledge are usually measured by means of a formal intelligence test, or IQ test. These tests compare how well a student performed certain tasks against a standard — usually other students. The most commonly used tests of intelligence are the Wechsler Intelligence Scale for Children (WISC), Wechsler Adult Intelligence Scale (WAIS), and the Stanford Binet Intelligence Scale.

These and other tests like them are believed to measure intelligence because they sample or test a wide range of knowledge and skills. These tests are composed of sub-tests which measure a student's performance on such things as general information (Where is Chile?) comprehension (What would you do if you found a purse in the street?), arithmetic, vocabulary, and picture arrangement. A student's performance on this test is then measured against how well other students her age performed on the same tasks. From this, an IQ score is derived. According to these tests, average or normal intelligence is equal to an IQ of 100. Any score below a score of 80 or 70, depending upon the state law, is within the range of retardation.

In Indiana, according to Rule S-1, to be labeled mildly handicapped, a student must score between 60-75. The moderately handicapped range is 35-60. The severely handicapped usually score somewhere around 35 and below. It is important to note that these tests are administered by a psychologist, or other licensed tester, and follow very specific directions and time limits. Additionally, while they are supposed to indicate how well a student is performing in the classroom, they are administered in a formal testing area away from the familiar classroom environment, by someone usually unfamiliar to the student.

Recently, educators have realized that while the sub-tests do provide some information about developmental skill levels, the total score or IQ does not. Telling a teacher that a student has an IQ of 45 does not give her programming information, it gives her a label. The teacher does not know from this score

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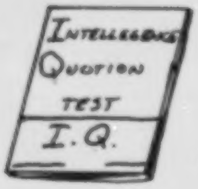

whether the student is able to roll over, sit up, dress herself, tie her shoes, or make change.

The same procedure is followed for determining adaptive behavior. Adaptive behavior refers to those social and cultural behaviors appropriate for and common to individuals of the same age and culture. Again, formal tests, such as the AAMD Adaptive Behavior Scales, are commonly used to measure one's adaptive behavior. Unfortunately, precise instruments are not available for measuring adaptive behavior. The degree of deficiency is determined in greater part, by the person administering the scale. The level of achievement on an adaptive behavior scale can be raised through training and maturity. Some behavior scales however, can be used as a guide in determining what skills students could be learning. In Indiana, mildly mentally handicapped students must score two or more years below the average and moderately-severely mentally handicapped children must score three or more years below the average score of children of the same age and culture.

Severe Emotional Handicap

In Indiana, emotional handicap means "a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to learn which cannot be explained by intellectual, sensory, or health factors; and inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems". A documented report from a psychiatrist, a clinical psychologist, and/or school psychologist is necessary before a child is determined to be emotionally handicapped and eligible for services. However, such a report only determines whether a child is eligible. The Case Conference committee decides whether a child will be placed.

Sensory Impairment

Visually and Hearing Impaired

Sensory impairments refer to handicaps related to the senses of sight and hearing. In Indiana, this refers to hearing impaired and visually handicapped students. Hearing impaired students are either deaf or hard-of-hearing. The status of a child's hearing must be determined by physicians with expertise in measuring hearing ability. Visually handicapped students are either blind or partially sighted. Eligibility must be determined by a physician licensed in visual diagnosis, a psychologist, and a teacher's educational assessment.

Physical Handicap

Physical handicap means that the student "has an orthopedic or other health impairing problem which is found to be a serious impairment of the student's locomotion or motor functions leading to an inability to function in the regular school program or demands a need for greater protection than the regular school program provides."

An eligibility report must include a physician's recommendation and a psychological recommendation.

Multiple Handicaps

A multiply handicapped student is defined as "one with two or more handicapping conditions which interact and result in problems so complex, having been demonstrated through a diagnostic teaching evaluation service, that placement in regular programs or programs designed for students with single handicaps, even with reasonable alteration, additional equipment, special training aids and/or modified teaching techniques, will not result in significantly meaningful growth and achievement."

Indeed, many children served in programs for the severely handicapped are multiply handicapped.

CAUSE OF HANDICAP

Genetic Causes

Can Improve Greatly

Sometimes handicaps are a result of a child's genetic endowment. In other words, these handicapping conditions are inherited. Some conditions such as Down's syndrome, result from an abnormal combination of the mother's and father's genes. Genetic-based handicaps may be mild or very severe. Even the same condition, such as Down's Syndrome, can lead to mild or severe handicaps. In fact, some Down's Syndrome students score in the average range on IQ tests.

Students with genetic-based handicaps can learn. Down's Syndrome children who were always labeled severely handicapped in the past make tremendous strides given appropriate and extensive educational programming.

To help parents who suspect that they may give birth to a handicapped child, many agencies offer genetic counseling. Genetic counseling usually provides information concerning types of genetic disorders and services available to parents. Medical diagnosis of the status of the fetus is also possible. Parents have a right to have all options explained to them so they can make informed decisions.

Prenatal Causes

Scientists believe that many handicaps are the result of something that happens to the fetus in the uterus. Maternal malnutrition is an example.

Prenatal Care Is Important

Infections and viruses such as hepatitis and measles can lead to handicapping conditions. Heart, gland, and blood disorders may affect the fetus. Radiation, alcohol, drugs, medicines, food additives, air pollution and water pollution have been linked with handicapping conditions. Obviously there are many dangers to the fetus at this time of development. Improved prenatal care is a necessity for the prevention of avoidable disorders.

Natal Causes

Some handicaps result from something that happens while the child is being born. Prematurity, oxygen loss, hemorrhaging, early separation of the placenta, and direct injury to the head are some strongly suspected causes of handicapping conditions.

Post Natal Causes

Usually it is believed that the cases of mental retardation accounted for by postnatal factors may be rather small. Injury to the central nervous system may occur after birth in many ways, including severe blows to the head from accidents or child abuse, asphyxiation (inability to breathe), poisoning, tumors, infectious diseases, and food additives, among other things. In general, injury to the brain from infection, such as encephalitis, has more widespread consequences than injury from single episodes of trauma. Furthermore, injuries to children who have already begun to walk, speak, and develop satisfying personal relationships usually result in different developmental problems than the effects of earlier damage.

Environmental Causes

There has been a tremendous amount of debate and discussion about the interplay of genetic and environmental causes of handicaps. Many educators feel that inadequate stimulation in the early childhood years and continued maltreatment in the school years seriously affects school performance.

Lack of adequate medical care and poor living conditions make handicaps more common among members of low-income groups. As long as our society permits the abuse of children of poverty to continue, society will continue to pay the price in the form of continued poverty-related handicaps.

There are a variety of poverty-related conditions which increase the incidence of handicap for low-income citizens.

1. There is less access to adequate medical treatment which:
    a. may result in less appropriate prenatal care and more injury during the birth process.
    b. may result in lack of treatment for illness resulting in damaged capacity.
    c. make it less likely for a condition (like PKU) to be diagnosed early so that more retardation is likely to occur.
2. Children are more likely to be inadequately nourished which may result in actual physical damage or interfere with learning. A hungry child may be unable to pay attention in school, or may be more apt to get sick and miss school.
3. Their parents may experience more frustration, depression, and defeat. As a result they may be less likely to provide adequate emotional support and intellectual challenge or may subject their child to neglect or abuse.
4. Their parents may feel less inclined to confront the school about problems to get better services for the child before she falls behind. They may convey a negative attitude toward school personnel. They may feel impotent in their desire for their children to obtain a better education.
5. There have been quite a few studies which indicate that the schools in lower class areas are not as good as the schools in middle class areas; the facilities, equipment and materials are not as adequate. The class size is larger, the parents aren't as involved in upgrading programs and there are fewer extracurricular offerings or enrichment offerings.

Some educators, unfortunately, fail to appreciate and respect culturally different behaviors. For example, some students may come from homes where a language different than English is used. Too often in the past, children who spoke different languages were labeled retarded when the real problem was the inability of the school to take the child's language difference into account. Even within the same language there can be differences. Most often, these differences take the form of different dialects. People of different cultures and people from different areas of the country often speak with "accents" or unique language patterns called dialects. Too often in the past, children who spoke different dialects were told that their language system was "poor", or "incorrect". Problems such as these occur in other behavioral areas also. For instance, wearing a hat indoors is unacceptable behavior in some cultures but hardly a

major issue in others. Reactions to social conflict may especially differ according to cultural backgrounds.

There are a variety of ways which school personnel can try to overcome the problems stemming from differences in background:

1. Make sure children receive proper care.
   a. Refer needy children to community agencies, like welfare, to get better health care, nourishment or personal care.
   b. Watch for signs of physical, sexual, emotional abuse or neglect. (Actually Public Law 93-247, put into effect in 1973, requires that all suspicion or evidence of child abuse or neglect be reported to the proper authorities. (In Indiana abuse should be reported to County Welfare Offices or to the police department.) Seventy percent of abused children are in special classes.
2. School personnel need to work with parents.
   a. To ensure that the family's values are expressed in the school program.
   b. To help them pressure local and state governing boards to provide better programs through increased funding.
   c. To coordinate efforts between school and home to provide the best program for children.
3. Prevent culturally-biased assessment.
   a. Make sure assessment methods have taken into account culturally-different children.
   b. Look at adaptive behaviors and adjustment in programming for a child appropriate for that child's culture.
   c. Struggle against prejudice in all forms; accept and respect

Culturally Fair

cultural differences.

Respect Differences

Be aware that our society is composed of different cultures each with its own beauty, integrity, and dignity. Each culture brings to our society different contributions — heroes, heroines, art, music — that strengthen our society overall. Understand that different cultures should not be categorized as "better" or "inferior" but as equal. All people deserve respect, no matter what their culture, income, or IQ score. Instructional Associates such as yourself can help to carry this message. With the help of your teacher, you will learn to be sensitive to the different cultural backgrounds and patterns of children in your classroom. You will learn to utilize the different histories, values, and art of the different cultures of children in your class to strengthen the instruction.

Appreciate Differences

You will know the importance of respecting each child as a human being with potential. You will learn not to be sidetracked by general labels that do not truly help you plan for the child. You will not be misled by test scores, rumors, or prejudices which will interfere with your instruction of the child. Above all, you will learn to become an advocate of the human dignity and potential of children who have been identified as moderately, severely, or profoundly handicapped.

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ASSIST ACTIVITY 1: Chapter III

To demonstrate knowledge of placement procedures and causes of mental retardation.

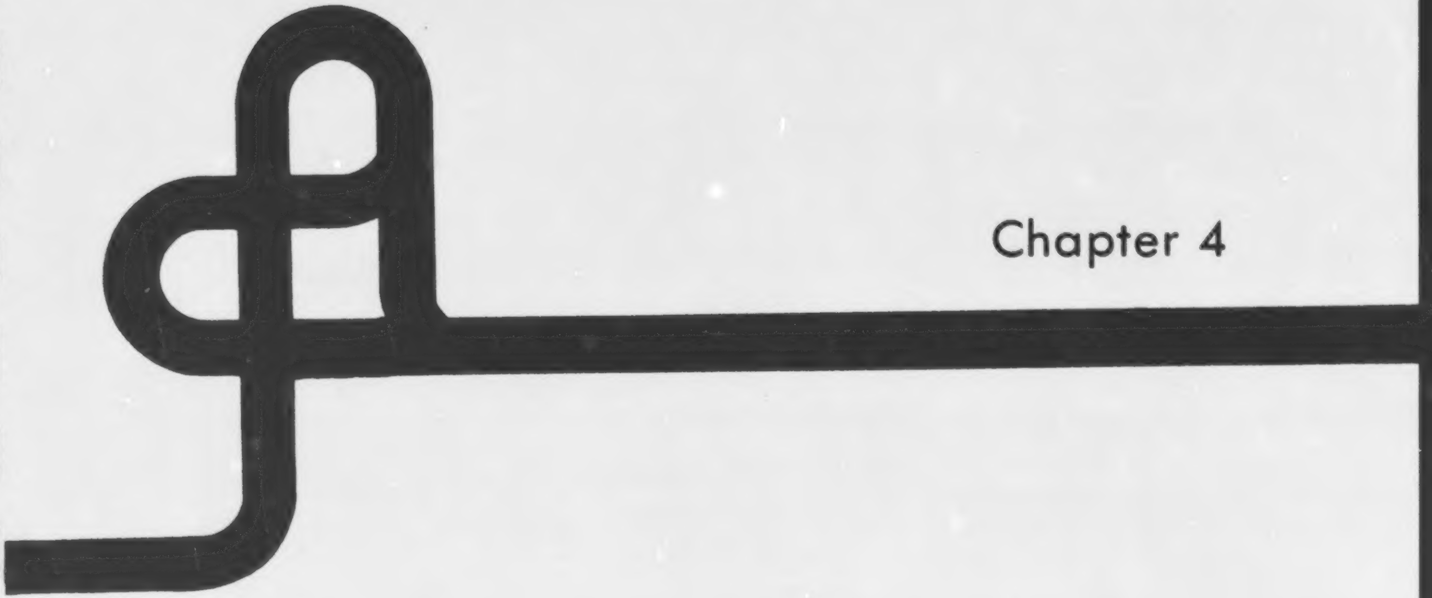
Fill in the blanks. Choose your answers from the list below.

1. Schools are required to inform parents of any change in educational placement for their child. This _________ _________ procedure is required by state and federal legislation.
2. An _________ _________ _________ should be drawn up at the case conference and include goals and implementation records.
3. Mental retardation refers to deficits in _________ _________ as well as limited intellectual ability.
4. _________ care may help in decreasing the occurrence of mental retardation.
5. Poor nurishment, poor medical treatment, and poor schools are some possible _________ factors related to mental retardation.

prenatal
genetic
due process
legislation
adaptive behavior
individual education plan
environmental

ASSIST Activity 1:

1. due process
2. individual educational plan
3. adaptive behavior
4. prenatal
5. environmental



Chapter 4

KNOW THE SCHOOL

TYPES OF SCHOOL PROGRAMS

Least Restrictive Settings

You have learned that Public Law 94-142 and Indiana Rule S-1 have legislated a "least restrictive alternative policy". You have also learned that this means handicapped children must be placed in the most appropriate and least restrictive setting possible. The students you serve were placed by a Case Conference Committee in your classroom because it was considered to be the most appropriate and least restrictive setting for them in your area.

Options

Your classroom, however, is only one option available to the Case Conference Committee. In some areas, there are more options than in others. You should learn about the range of school programs available in your area. You should know where your program "fits" in the range of school programs available. One of the goals of your program and all special education programs is to raise the skills of the student so that she may "graduate" to a less restrictive setting. An illustration of common program alternatives is below:

Alternatives for Handicapped Students:

Least Restrictive
↑ Regular Class
Regular with Teacher Consultant
Regular with Itinerant Teacher
Regular with Resource Room
Special Class
Special Day School
↓ Special Residential School
Most Restrictive

Regular Class The majority of children who attend school have no particular mental, physical, social or sensory problems and so they attend regular class. The regular class teacher copes with a vast range of students including those who are mildly handicapped in some ways as well as those who are unusually gifted or talented. While a class may be referred to as "3rd grade" or "9th grade", the variability within that group is usually great and provides a challenge for every regular classroom teacher.

Itinerant Program An itinerant teacher works primarily with regular classroom teachers. It is her responsibility to work co-operatively with the teachers of mildly handicapped students who remain in regular class. She provides support, suggestions and materials for the classroom teacher to use with the special student (or students) in her class. The itinerant generally does not work directly with students. As with the resource room situation, the goal is for the students to remain in the least restrictive school setting, the regular class, as much as possible.

(You may also hear the term "itinerant" used to refer to the speech therapist or some other school professional who travels from school to school).

Part of
The Day

Resource Room Many mildly handicapped students are able to spend much of their school day in the mainstream setting, regular class. They may need help in an academic area (reading, math, spelling, for example) or perhaps several academic areas. The resource room teacher works with these students individually or in small groups for part of each day or perhaps just a few days per week. However, the students remain enrolled in the regular class. The goal is for students to spend as much time as possible in the regular class setting while still receiving the help they need.

Self-
Contained

Special Class The self-contained special class is usually considered a somewhat restricted environment. It is possible to provide some opportunities for integration with normal peers if the classroom is housed in a regular elementary or secondary school. Joint gym, art, music, home economics, or shop classes as well as non-segregated homerooms are the possible occasions when handicapped students can be with their normal peers. Assemblies, special programs, lunch and recess breaks could be added to this list.

Special School Sometimes we find that certain students need to be in a special school where all of the facilities, personnel, and services are geared to their particular needs. Sometimes these are day schools where the students return home each evening. Other schools are residential schools where children live on the school campus. In both special day or residential schools, efforts should be made to find social or recreational programs where students have an opportunity to meet with their normal peers.

Home-bound Programs Occasionally, a student will have problems which prevent her from attending school. In these instances, a home-bound teacher is sent into the home to provide services.

The Educational Team

Everyone Works Together

Whether your school is large or small, it is a complex organization. Utilizing the talents and abilities of so many people, both in the school and in the community, is often a difficult but necessary step to insure a quality education for all students. You, other school personnel, many resource individuals in your community, and parents of your students must work together to form a total educational team.

In the same way that you and your teacher form an instructional team, the total educational team working together should help insure a more complete education for handicapped children. Each member of this team, regardless of title or position, assists in and contributes to the full educational goals of the students. As an instructional associate and valuable member of this educational team, you have special professional responsibilities. You also have a special professional relationship to other staff members.

Live the Role

No title has real meaning unless behaviors match the title. Give your title of instructional associate real meaning. Live it. You are expected to relate to your colleagues, students, and persons outside your school in a professional manner. The behaviors and attitudes that you exhibit have an effect upon others. They also reflect upon you as an instructional associate. Your role as a member of the instructional team is a demanding and exciting one. Show it by your actions. When you meet its expectations, it will be rewarding for you.

School Personnel

Although you will have the greatest professional and personal interactions with your teacher and other instructional associates, you should know the names and responsibilities of other staff members.

In general, school personnel can be divided into three areas:

1. Administrative staff
2. Ancillary staff
3. Teaching staff

Naturally, for those of you who have much experience, you are quite aware of the names and responsibilities of these other staff members. You may use this description as a helpful review or as a comparison with your own school. If you are a new instructional associate, this section will be quite important for preparing you for some of the first things you will need to know.

The administrative staff

The administrative staff of a school is generally composed of the principal, vice-principal, counselors, and office personnel. Under the direction of the principal, it is the responsibility of the staff to insure that everything within the school organization is running smoothly. As the leader of the school, the principal is responsible for its total operation. Although she may delegate authority to the vice-principal and others, the ultimate responsibility for the total school operations and programs remains with the principal.

The secretarial and office staff are critical to the operation of your school. They should be treated as valuable members of the educational team. In the course of the day you will often come into contact with the secretarial and office staff, especially when performing your non-instructional duties. You will be ordering classroom supplies, running off dittos, or completing lunch and attendance forms. At times you will need the advice or assistance of the secretarial and office staff. Questions you may have concerning non-secretarial and office staff. Questions you may have concerning non-instructional duties and school procedures should be referred to them. You will be surprised at the wealth of information they hold.

Be Considerate

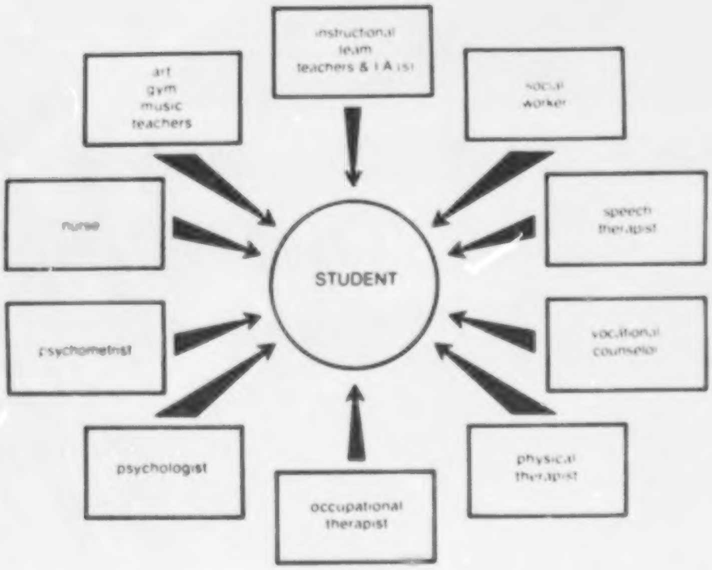
Almost every administrative office area in every school is a busy and sometimes confusing place. It may appear so especially just before or after school. If you must be in the office during a busy time, perhaps when signing in or out for the day, it is best not to strike up lengthy conversations. They may be distracting and frustrating to the office staff. There are more appropriate places and times when you can hold your conversations. The lounge area is an appropriate spot for such purposes.

The administrative and office staff are valuable resources to you in your daily school life. You should make every attempt to develop and maintain good relations with these persons.

The ancillary staff

The ancillary staff members serve as instructional resources for the teaching staff. By their role definitions alone they are very important members of the educational team. The ancillary staff may include such persons as the

- school psychologist
- social worker
- physical or occupational therapist
- nurse
- speech and hearing clinician



There may be times when you have questions and concerns that you would like to discuss with members of the ancillary staff. It is best to always direct your questions to your teacher first. If you work through your teacher as the program manager it will better assure professionalism. Your teacher will respect your interest and concern for your students, and she will also respect your own professional behavior. The degree to which you interact with ancillary personnel will depend on your experience, previous training, and your school situation. As a member of the educational team, you should know their role and responsibilities.

The School Psychologist

The school psychologist is someone with whom you may be familiar. The school psychologist has the task of testing and evaluating students who are candidates for special classes. In addition, the school psychologist is also responsible for the periodic reevaluation of students in special classes. The school psychologist can also assist you in dealing with behavior problems. They sometimes act as counselors for students and parents.

Psychometrist

A psychometrist also works with special education programs. This specialist is a licensed tester, qualified to administer various individual intelligence tests and various other diagnostic tests. They interpret the results of those tests at case conference meetings and add valuable input for program planning.

Social Worker

The school social worker is another vital member of the educational team. The social worker's responsibility is to co-ordinate the services of agencies outside of the school. For example, she would work with the teacher and the Department of Welfare when there is a concern about child abuse.

Vocational Counselor

Primarily, a vocational counselor has the responsibility for evaluating a client's vocational status and potential. This person can also counsel clients regarding prerequisites required for various jobs. Often these people are employed, not by the school, but by the Department of Vocational Rehabilitation.

Physical Therapist

Some schools or programs serving special students who have physical handicaps have available to them the services of a physical therapist. A physical therapist can give advice on the best ways to move and/or position children with physical problems. The physical therapist can also suggest some activities for developing co-ordination, balance and muscular physical development. Usually the physical therapists provide therapy on a regular basis to physically handicapped children.

Occupational Therapist

An occupational therapist is able to give advice and assistance in a variety of areas such as self-care skills and recreational activities. In many instances these people also work directly with students to develop specific skills, such as toileting or some work related skills.

Speech Therapist

The speech therapist when working with the handicapped, does not offer only traditional therapy for articulation, stuttering, and other speech impairments. She often is qualified to work with students to develop sign language and other non-verbal language skills. Frequently she can offer assistance in developing pre-language development programs for severely handicapped students as well as general language development programs for students with limited abilities.

Nurse

The school nurse is another valuable assistant in your work with special students. Many of the students in programs for the moderately, severely, or profoundly handicapped are subject to seizures. The school nurse can help you understand and deal with seizures and seizure prone students. She can also help you with many other health-related matters. It is usually her responsibility to dispense medication to students whose health needs require it. The nurse can alert the educational team to watch for side effects of these medications, as well as special physical requirements or dietary needs related to particular medications or conditions.

The Teaching Staff

As an instructional associate, you will be working with not only your teacher as the program manager, but also other teachers on the staff. Learn to know all the teachers on the staff, but particularly those teachers who instruct your students. Share ideas with them. Ask questions. Observe their teaching styles. The more you are aware of how different teachers relate with your students, the more your input will be meaningful and complete when helping to plan for and implement an instructional program for the student. There is a great need for more communication between teachers of handicapped children. As you gain experience, your teacher may ask you to be a "go between." As a liaison, your participation can help to facilitate a full exchange between these teachers.

During the course of each school day you will interact on a formal or informal basis with many of your colleagues. This contact can be valuable. Use these times to develop knowledge about *their* roles and services which can benefit you and your students. Exchange ideas. Use these persons as resources. They may also call upon you as a resource. They may have books, materials, articles, or ideas that will help you in your work. A conversation at lunch time or an informal discussion in the lounge may provide you with valuable information. It may be information which you can use in your job to more fully enrich your instructional responsibilities. They may provide you with general information on techniques or materials that you can use. Your interest in their role and their ideas will indicate to other school personnel your desire to be a vital and contributing member of the school team.

We have discussed how you are a member of the total educational team of your school. You will interact with many different people. An understanding of their contribution to the process of education, regardless of their duties, is necessary if you are to fulfill your duties and responsibilities as an instructional associate.

SCHOOL PROCEDURES

Any organization from the largest of corporations to the smallest of family businesses must have procedures and regulations by which to operate efficiently and effectively. This is true also for schools. There must be specified regulations on what to do and procedures on how to do them, especially in schools with large numbers of students and staff. These procedures and regulations are contained in the school handbook which you will most likely receive at the beginning of the school year.

You should familiarize yourself with sections containing information on:

1. Personnel and organization of the school
2. What to do in emergency situations such as fire drills, seizures and sickness
3. Clerical and routine duties such as bus and cafeteria duty and school forms
4. Personnel policies such as sick leave, arrival and departure time, holidays, dress code.

If your school does not have a handbook, or if it does not contain this information, you should ask your teacher about these things. ASSIST Activity 3 provides a form you may use to record what she has told you about these problems.

There are other pertinent questions you should ask your teacher such as:

Questions

- Do I attend professional meetings?
- Do I have a probationary period of employment?
- What are my rights and responsibilities as a school employee?
- What is the policy of giving medication to students?

You can and probably will think of more questions once you begin working.

Each school has a daily routine of scheduled activities, but at times a special or unintended event may cause a change in this schedule. Any change in activities or schedules should be written in daily memos to the staff, so you

Changes

should read this on a daily basis. Check your mailbox before and after school each day, so you will be aware of any schedule or activity changes that may affect your classroom routine.

Be Professional

There are some general school procedures which should be followed, however, no matter in what school you work. Always arrive on time. You will need time to organize and plan your work for the day. If you will be late or absent from school you should inform the main office so that your teacher can plan accordingly. Good attendance is always a plus for you. Your help is needed and counted on by your teacher and students. Many schools have dress codes. Does your school have one? If the school has established a dress code, follow it. If your school does not have an established code, you should dress in a professional manner or according to what is appropriate for activities in which you will be involved. Jeans, for example, may be appropriate if you will be on the floor with the children or out-of-doors. They may not be appropriate to wear if you will be meeting with parents for a conference or presenting a lesson in a formal situation. The point is to use good judgment when following a dress code. How you go about handling these general school procedures will reflect your concern for your responsibilities. If in doubt, your program manager will advise you about appropriate dress.

Accept
Your Obligations

This is not to say that there won't be "those" days when something has gone wrong at home before you leave for school. You may not feel well. Sometimes on a cold or rainy morning you may not want to roll out of your bed. Just remember that everyone has "those" days . . . the principal, your teacher, the children. Part of being a paraprofessional is overcoming those feelings.

Your role as an educator and as a person who is responsible for the development of students requires that you maintain and accept your professional obligations. It also demands special responsibilities and attitudes. Demonstrating knowledge of daily school routines, general procedures, and policies that effect you personally is another way of making yourself a valued member of the total school program.

CLASSROOM PROCEDURES

Rules

To ensure student-like behavior, program managers devise classroom rules. As an instructional associate you will need to know the classroom rules and the reasons behind them. Most teachers attempt to devise just enough classroom rules to promote positive classroom behavior, but not so many rules that the classroom is a rigid, strict, and unhappy place. Too rigid or too lax a set of rules can be sources for negative child behavior. As teachers (and parents!) will tell you, children search and test the boundaries of what is and what is not appropriate behavior. In most cases, if there are no rules, children will go beyond the boundaries of appropriate behavior even though they might not really want to do so. If the rules are too strict, the classroom ceases to be a place for search and discovery.

Routines

To promote appropriate student behaviors, program managers also devise classroom routines. However, if the routines become too repetitious, resulting boredom can become a source of negative behavior. On the other hand, if there are no routines, children do not know what to expect. This can lead to unhealthy feelings of insecurity for some children which, in turn, promote negative behavior. As an instructional associate, you will need to support and follow the rules and routines made by the program manager. Only by supporting each other will positive student behavior be encouraged.

As an instructional associate, you will be a major factor in the classroom environment. It is essential that you do not become an element in the classroom environment that promotes negative behavior. If your presence encourages positive student behaviors, your value to the program manager will be great and you will certainly be a complementary member of the instructional team.

Love and
Care

To accomplish this goal, above all else, you must establish positive human relationships with the children. If the children perceive that you sincerely care for them, that you are concerned about their growth, and that you have their best interests in mind, they will be much less likely to behave in ways that are displeasing to you. In fact, the desire to please you may become a source of motivation for the children to eliminate negative behaviors and acquire positive behaviors.

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Be Firm

However, if the children perceive your love as weakness, you are inviting them to test the boundaries again. You must let the children know that you care enough for them to prevent them from taking part in inappropriate behaviors which you feel are detrimental to their development. Lack of adult leadership is resented by children in the long run. Firm but compassionate concern is the foundation for positive relationships with children.

Be Consistent

Positive human relationships are much easier to develop with children if your behavior is consistent. If your behavior is inconsistent, the children will not know what to expect from you. You will be a source of confusion rather than a source of stability in their lives. As a source of stability, it is essential that you maintain emotional self-control, objectivity, and patience under stressful conditions. If you lose your temper, cry, or otherwise lose composure, you may cease to be a good model for the students. This is not to say that you should not show the human emotions of happiness, sadness, or anger. Children must know that we are human. However, emotions must be shown in ways that the children can respect and model. In Inservice Unit 1, specific techniques for establishing positive student behaviors will be discussed extensively.

COMMON PROCEDURES USED WITH MANY HANDICAPPED STUDENTS

Seizure Control Procedures

Types of Seizures

It is important for you to understand some basic information about seizure control. Convulsions, or epileptic seizures, result from abnormal patterns of electrical discharge in the brain. They occur with varying degrees of intensity. "Petit mal" seizures amount to little more than a momentary "blacking out", or loss of consciousness. More severe "grand mal" seizures may last for several minutes and are marked by violent muscle spasms and loss of consciousness. These seizures are often very dramatic and frightening occurrences — perhaps more so for the observers than for the students. Even though grand mal seizures may appear frightening, it is essential that you maintain composure.

Seizure treatment is an individual matter. Students who have seizures are usually attended by a physician and given individual medical prescriptions. You will need to learn about any individual prescriptions for seizures concerning the students you serve. Again, the school nurse is the person to consult.

Different programs often have their own procedures for handling seizures. Discuss with your teacher and the school nurse which procedures for handling seizures are used in your school.

Generally, the following procedures are recommended for handling grand mal seizure incidents:

Be Calm

1. Be calm, cool, yet assertive.
2. Help the student having a seizure to the floor to a lying position.
3. Immediately clear nearby furniture away from the students reach.
4. Do *not* try to restrain the students flailing movements.
5. Do *not* try to pry the mouth open or put anything in the mouth.
6. Loosen any tight clothing around the neck.
7. If possible place the student on her side so that the saliva can drain.
8. While you are doing steps #6 and #7, explain to the other students that:
   a. The student is having something called a seizure.
   b. They should not to be worried or afraid; the student is not hurt and will soon be okay.
   c. The student will feel better if everyone goes back to work rather than standing around watching. Direct them back to their activities.
9. Wipe off the student's face as she recovers and begins to reorient herself. Be reassuring; tell the child its okay to have seizures in school, others have seizures, too.
10. Stay with the student until she is oriented.
11. You will probably need to let the student rest anywhere from several minutes to several hours; seizures can be exhausting.
12. Encourage the student to return to the class as soon as she is rested. Generally, try to treat the seizure incident very "matter-of-factly."

Be Assertive

> You must make the student feel secure without pampering or pitying. If the students see that you can intervene calmly and affectionately, yet get right back to business, they will be less fearful of seizures. They can even be taught to help by moving away furniture. If possible, the student who has seizures can be reassured further if the educational team, parents, and physician can devise a clear unfrightening way to explain seizures to the student.

Many times, grand mal seizures are induced by particular environmental conditions. Police sirens, flashing lights, or clanging bells, are commonly reported seizure-inducing conditions. You should learn about any conditions in the environment which tend to induce seizures in the students you serve. Think about any special conditions in the classroom which seem to consistently occur before a student's seizure. Some conditions which consistently induce seizures can be eliminated.

Petit mal seizures can be difficult to assess. A student could experience such a seizure without your knowledge. Some students experiencing a petit mal seizure make peculiar body movements, others stare, others drop their head or roll their eyes. Any movements or sounds the student makes which are accompanied by loss of attention or response should be reported to the teacher.

Medication Administration Procedures

Daily medication is prescribed for some handicapped children. Drugs may be undertaken to control epileptic seizures, reduce spasticity, and/or enhance voluntary muscle control. Also, there may be occasions when your team is responsible for administering medicine to the students for "common colds", and other sicknesses. Know the procedures for administering medicine for your program. You may be responsible for making sure the student takes the proper dosage at the right times. In addition, some medicines warn that drowsiness or other behaviors may result from usage. Read all labels and warnings. You may want to discuss this with the school nurse.

Closely observe students taking medicines of any kind. Inform the teacher of any changes in behavior affecting the student's performance that may be due to the medicine. Information relayed from the teacher to the physician may lead to necessary changes in prescription.

Dietary Procedures

Some students have special dietary needs due to various health conditions (diabetes or PKU for example). The team must find out from their parents which foods they may or may not eat, and how frequently they should eat. There may also be concern about overweight with some students and a special diet may be in order for those students as well.

RELATING TO THE COMMUNITY AND PARENTS

Confidentiality

Be Cautious

In your job you will probably read and hear information about students that is confidential. It may be the results of tests, financial information, or something another staff member has told you. You must be careful with whom you share what you have learned. There will be times when it is appropriate to share such information and times when it is inappropriate. When is it appropriate? If the information is relevant and important for a student's program and growth, perhaps you should discuss the information with your teacher or other teachers and staff members. When is it inappropriate? If the information is not directly related to the student's program or growth, then you should exercise discretion in discussing it. Never use information about a student as a topic of jest or gossip.

Ask the Teacher

Confidentiality or respect for the rights of others is not limited to your interactions with other staff members. Remember that a total educational team involves you, other school personnel, community resource persons, and parents. There will be times when you will meet social workers, nurses, community counselors and others who work directly or indirectly with your students. You will also meet parents of the students in social situations or school settings, such as parent conferences and PTO meetings. Parents or friends of parents of your students may in good faith ask you questions about the progress or problems a student may be experiencing. The teacher is the most appropriate person to discuss the child's progress and problems. You should generally direct any questions about a student which entail sharing of confidential information to the appropriate teacher. However, your teacher may request your input and suggestions for certain parent conferences, case staffings and discussions. Be prepared to share pertinent information at these times.

The Public

You Are A Representative

Professional behavior and attitudes do not end with the close of the school day. You are a representative of your school. People in the community will form opinions of your school and its staff based on their perception of you. Whether you are at the library, grocery store, or just talking across the backyard fence with a neighbor, you represent your school. As a public relations person you should be able to tell neighbors, relatives, social acquaintances, and persons in the community the philosophy and programs of your school.

Remember, you do serve as a natural link between your school environment and the community. Especially if you are from the community, you bring a knowledge of its cultural traditions to the school. You can serve as a resource person, interpreting the values and goals of the community to the teachers and staff members who may not live nearby. You also can help to promote community involvement with your school by explaining the program goals and objectives and describing the activities of your school to friends and neighbors.

The Parents

Learning and development do not occur only between the walls of a classroom. The education of any child is a shared responsibility. It is the responsibility of the parents as well as all of the teachers, I.A.s and staff members of your school. Educational programs are required to involve parents in the education of handicapped children. Parents now have the right to know what is happening in the school. They have a right to provide input into the decisions made about their children, and they have a right to challenge any decisions with which they cannot agree.

Most school programs enthusiastically support these rights of parents and welcome parental contributions. Parents can and have contributed to school programs in three major ways: 1) as instructors 2) as planners and 3) as advocates. As instructors, parents often help the child practice skills at home which were acquired at school. Properly informed and equipped, parents can provide practice opportunities at home for their children in many school-related activities. By having parents contribute in this meaningful way to their children's development and education, many parents achieve an improved sense of appreciation for the educational team's efforts. Indeed, the ability of the child to use skills learned in school at home and in the community is a very important part of the learning process.

As planners, parents can provide the educational team invaluable information about their child. With this information teachers can devise much better educational programs. As advocates, parents have played a crucial part in the struggle for better school programs.

Obviously, establishing rapport with parents is necessary. Naturally, some parents will be more able and willing to complement the school's efforts than others. The contributions of all parents, however, should be respected and encouraged.

Special Parents Have Special Needs

Parents learn that their child has a handicapping condition in different ways. For some it is obvious at the moment of birth. In some families their child's handicap is the result of a serious illness or accident. Others do not become aware of any problem until their child enters school.

Every family has its own way of dealing with the fact that their child is handicapped. The discovery of the fact that a child has a handicapping condition may have a great impact on the family's life style. Not every parent reacts to this information in the same way. Feelings of shock, anger, guilt, depression and loneliness are just some of the emotions that a parent may experience.

Parents may express their reaction to the handicapped child in a variety of ways. Relationships with spouses, relatives and friends may change. Some parents may start devoting all their time to their handicapped child.

Overprotection and anticipation of the child's every need is another way parents may react to the problem. Looking for "the cause" of the handicap is the way some parents spend much of their time. Others spend a lot of time in self-pity and may withdraw from their usual activities.

In the beginning, these are some ways parents may deal with the knowledge that their child is handicapped. They are trying to ease their distress and hurt. But parents can be helped to restore their normal home life. They should be helped to cope with the problems more effectively.

Unfortunately, social pressures and myths often increase the hurt. Society often holds unreal expectations for special parents. Special parents are expected to furnish more love, more effort, and more attention without expressing feelings of being tired or harried. Then there are countless forms for the insurance company, for the hospital, for the government, for this agency and that agency. There are the extra bills for medical and other treatments that other parents do not need to pay that special parents must pay with too little financial aid.

Be
Considerate

Getting professional help has not even been easy. Too often, parents have had to see many different professionals from many different agencies who did not attempt to coordinate their efforts or records. Many could not or would not discuss the child's problems in clear understandable language.

Most educators of handicapped children are very angered over these abuses of special parents. Teachers are trying to involve parents in the planning and instruction of their children without being unrealistic and asking too much. They are trying to coordinate their efforts with other professionals. They are trying to communicate clearly the results of assessment and evaluation, pointing out the child's strengths as well as weaknesses. Above all, they listen and serve as best they can. You must model your teacher's efforts in these manners.

The amount of contact you have with parents is dependent on several factors: your length of time on the job, your experience, the situation, and how large a role your teacher wants you to play in communicating the program to the parents. Once you have been on the job a sufficient length of time and gained more experience, and if the situation is appropriate, then, your teacher may involve you more in communicating with parents.

If your teacher does decide to have you interact more with parents, there are several things to keep in mind. You should be able to present yourself in a warm but professional manner each time you relate to parents or guardians. The teacher, it should be remembered, is the appropriate individual to discuss the child's problem with a parent. However, you should be able to discuss a child's program with the parents and answer many of their questions, if so directed by the teacher. If parents ask a question you cannot answer, honestly tell the parents that you do not know the answer. Explain that you will forward the question to the teacher and provide them the teacher's response as soon as possible. You are not expected to know all the answers, but you are expected to communicate honestly, act on requests quickly, and above all, listen.

Serve
Well

If your teacher asks you to make contacts with children's parents, either by phone or home visit, make the home contacts purposeful. Obtain or share only relevant information. Keep a record of your home contacts and share this information on a regular basis with your teacher. Clearly, positive sharing must occur between parents and school personnel.

SUMMARY

Since you are a member of the instructional team in the classroom, you have a special relationship to your teacher, students, and colleagues. Your relationship to them is seen not only in the performance of your duties but in the professional behavior and attitudes you bring to these duties. Respect for confidentiality of information, knowledge of school programs, knowledge of staff interactions and adherence to established school procedures are a few indicators of your acceptance of your role in the total educational process of your school.

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ASSIST Activity 1: *Types of School Programs* — Chapter 4

To demonstrate knowledge of the various educational alternatives for handicapped students.

Match the terms from A to the appropriate letter in column B.

A	B
_____ 1. regular class	a. should be used only when child cannot physically get to a school
_____ 2. itinerant teacher	b. a special teacher provides instruction for most of the day
_____ 3. resource room	c. child usually receives no direct special services
_____ 4. special class	d. child is in setting only part of the day
_____ 5. special school	e. all facilities, personnel and services here are geared for special students
_____ 6. home bound	f. least restrictive alternative

ASSIST Activity 2: *Educational Team* -- Chapter 4

Objective: To identify the role of various ancillary staff members.

Fill in the blanks. Select the appropriate word or words from the list below.

1. The _________ _________ is responsible for testing and evaluating students.
2. Information about jobs, job training and work evaluation can be obtained from the _________ _________ .
3. Children with physical development, mobility, co-ordination and/or balance problems can be assisted by the _________ _________ .
4. Language therapy is frequently one of the services offered by the _________ _________ .
5. The _________ _________ co-ordinates services from agencies and organizations outside the school.

physical therapist
occupational therapist
social worker
school psychologist
vocational counselor
speech therapist

ASSIST Activity 2:

1. school psychologist
2. vocational counselor
3. physical therapist
4. speech therapist
5. social worker

ASSIST Activity 3: *Policies* — Chapter 4

Objective: To demonstrate knowledge of school personnel, policies, and procedures.

I. School Personnel: Names and position of the administrative and ancillary staff members at your school.

Name

1.
2.
3.
4.
5.
6.

Position

1.
2.
3.
4.
5.
6.

II. Describe the School Procedures for:

1. Fire drill - ______________________________
2. Administration of medicine - ______________________________
3. Seizures - ______________________________
4. Other school procedures (e.g., are T.B. tests required?) ______________
____

III. Describe Clerical and Routine Duties:

1. Bus duty procedures - ______________________________
2. Cafeteria duty procedures - ______________________________
3. Procedures for office machines - ______________________________
4. Attendance forms - ______________________________
5. Lunch forms - ______________________________

IV. Describe school personnel policies:

1. Sick and personal leave - ______________________________
2. Holidays - ______________________________
3. When and where is smoking permitted? - ______________________________
4. Attendance at professional meetings, PTA meetings, conventions - ______________
____
5. Dress code - ______________________________
6. Working hours - ______________________________
7. In-service conference times - ______________________________

ASSIST Activity 3:

Answers are specific to your school

ASSIST Activity 4: *Parents* — Chapter 4

Objective: To understand and appreciate the contribution of parents.

List three different ways parents can contribute to the instructional process.

1.

2.

3.

ASSIST Activity 4:

1. By providing information and advise.
2. By helping with the instruction.
3. By taking part in parent organizations.

PART 2

INSERVICE TRAINING

OVERVIEW TO INSERVICE: TRAINER DIRECTIONS

Inservice training has been divided into two sections. The first section covers instructional skills related to classroom management and the instructional process. These units provide the skills basic to devising, implementing and evaluating educational programs for children. These units provide the foundation for the other units. The next six units in Section II correspond to the major developmental domains. Activity points within the instructional process are highlighted within those skills areas. As the units are sequentially ordered, with each unit building upon the previous one, it is recommended that you follow this sequential pattern of training. However, given your individual classroom needs and style of classroom management, you may wish to spend more time on some units, or portions of units than others. Additionally, you may wish to add activities for those sections that are most important to your school operation. During this training sequence, it is important to stress the ways in which the complementary roles of program manager and instructional associate are operationalized in instruction.

Before beginning the inservice training sequence, you should familiarize yourself with the *Sourcebook* content and *Sourcebook* activities of each of the eight units. Not only will this maximize the effectiveness of the training, but it will give you a basis for scheduling how and when training will take place.

As the primary trainer, you should develop a schedule that allows time each week for the instructional associate to read and discuss the materials with you. As some activities are longer and more complex than others, you will also have to arrange a separate period of time to go through these activities together. It would probably be more effective in terms of classroom routine, to set aside the same time or times each week for training, if possible. Again, you may not be able to afford this much time for discussion in your situation. Simply communicate with your instructional associate about the ASSIST training as often as you possibly can.

If there are several instructional associates and teachers in your school involved in this training, there may be points at which group discussions and activities can be arranged. However, keep in mind that you may wish to spend more time on a specific unit than other teachers, and so group training may not always be appropriate.

Your classroom is, in reality, the laboratory for learning and teaching during this portion of training. Your discussions and activities should continually be directed toward the classroom, and the instructional associate should be given the opportunity to utilize her knowledge and skills in the classroom, under your direction. In this way, you have the opportunity to adapt and expand the materials to meet your specific needs.

SUGGESTIONS FOR BEGINNING INSTRUCTIONAL ASSOCIATES

The first two or three weeks are confusing and busy for everyone. It is important to both of you that your instructional associate begin to feel at ease and understand your classroom routine during this initial period. One aspect of the training during this period could be a focus on general aspects of the classroom and school operation. Perhaps during the first two or three weeks (possibly as a group) the instructional associates could learn the school policies, procedures, and personnel. For example, the nurse, physical therapist, occupational therapist, or speech and hearing therapist could talk to them about their roles in the educational program of the students. This will not only help the instructional associates during inservice training, but give them the feeling of truly belonging to the school team.

Another aspect of the orientation could be an emphasis on helping individual students. In this way, the instructional associate will get to know the students, adjust to working with students, and perhaps provide some assessment information for you. You will also begin to learn the instructional associate's strengths and weaknesses this way. Supervising the students who are attempting to complete learning activities independently while you are conducting small group activities is another task beginning instructional associates could do. Since most handicapped children have difficulty with independent learning activities, especially at the start of the year, the supervision the instructional associate can provide at these times could help you and the children immensely.

Generally, in the beginning, you will need to write your activity plans in such a way that the instructional associate has very specific, understandable duties to perform throughout the day. Once the instructional associate learns the routine, knows the children, completes the ASSIST training, and can anticipate your needs, such effort on your part will no longer be necessary. More responsibility can be given to her as she gains experience and knowledge.

Another suggestion for beginning instructional associates is to ask them to complete the inventory of classroom materials generally requested by many school systems at the start of the year. By having your instructional associate undertake this responsibility, she will learn what materials are available and where they are located.

Since every situation is different, we believe that this form of inservice training with you as the primary trainer is the most beneficial to both you and your instructional associate. Additionally, the format is flexible enough to be adapted to your individual classroom routine and style quite easily. It will take some time and preparation, but the results should be well worth the effort.

OVERVIEW TO INSERVICE

Introduction

During preservice, you learned in a general way how you as an instructional associate have a complementary role to your teacher. You have responsibilities for instructional, instructionally related and non-instructional tasks. However, the focus of the inservice portion of your training program is designed to help you gain the specific knowledge and skills you will need to fulfill effectively your role in both the instructional and instructionally related areas.

Your teacher is your trainer during inservice. Together, you will work through the ASSIST materials at a rate that you both determine. You may decide to spend more time on some of the inservice instructional units and subsections than on others. Depending on your particular needs, you may even wish to review certain preservice portions and/or activities before moving on through the inservice portion of the ASSIST materials.

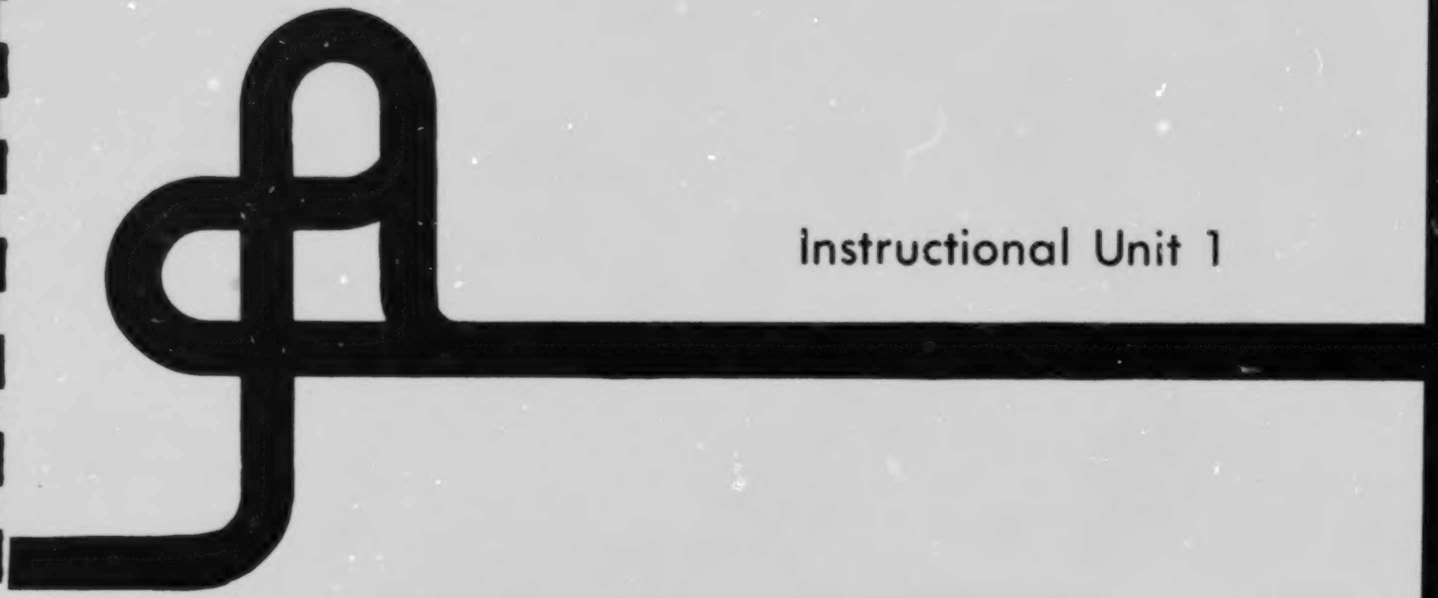
The inservice units focus upon the major developmental skill areas: motor, communication, social, personal autonomy, functional academics, home and community living. You will learn how these skill areas are so very important to the overall development of the student. You will learn some basic facts of child development within these skill areas. You will learn about some common handicapping conditions that influence the rate of individual growth.

Remember, your teacher does not program for a child in one skill area only. Each day she plans a well-balanced series of objectives and activities for children that cover all the skill areas. The ASSIST material and the instructional process is presented within these major skill areas to help you organize your knowledge about special child development and to assist the educational team's instructional effort.

There are certain skills and knowledge which are important for you to know in order to be effective in the classroom. It is equally important for you to feel confident in your knowledge and skills. As in preservice, for each instructional unit, there are activities in your *Sourcebook* to complete. Again, these activities are provided to give you some assurance that you have mastered the knowledge in the *Sourcebook* and can apply that knowledge to your situation. As we said before, each unit and its related activities focus on what you will be doing to assist your teacher in the instructional process. Even though most of the reading will be done on your own, it is important to work through the activities as closely with your teacher as possible in your situation since you will be an important extension of the teacher in the classroom.

Although the ASSIST materials are quite comprehensive in nature, your teacher as your trainer may provide you with additional knowledge and skills. It will be necessary for you to integrate the information gained from the ASSIST materials and from your teacher so you will become more effective in the school classroom. Remember that your major role is to use your complementary knowledge and skills to assist your teacher in reaching these objectives.

SECTION I
BASIC INSTRUCTIONAL SKILLS



Instructional Unit 1

CLASSROOM MANAGEMENT

Introduction

If you are a new IA or even a veteran, you probably have many concerns about how to help the teacher manage the classroom. The task appears, and sometimes is, overwhelming. This unit will offer some guidelines and suggestions to direct you.

The skills you teach children are of great importance, but of no less importance are things such as establishing a positive learning environment, positive interactions among classroom members, and positive cooperation with parents. In fact, the team's ability to teach children functional skills depends greatly on the team's ability to foster appropriate student behaviors. Failure in this effort can make the classroom an unhappy place for students and instructors. Indeed, classroom management strategies must be taken into account for every aspect of your team's instructional activity. For this reason, the discussion of classroom management skills begins inservice training.

This unit concentrates on two different aspects of classroom management:

1. Establishing a positive learning environment.
2. Establishing positive human interactions.

ESTABLISHING A POSITIVE LEARNING ENVIRONMENT

Most educational teams try to employ strategies which prevent inappropriate behaviors from occurring in the first place. These strategies are more desirable and usually more effective than strategies used after inappropriate behavior has already occurred. The first step toward decreasing negative behaviors, therefore, is to make sure that the classroom environment supports positive behavior. People behave differently according to the environment. People act like church-goers in church, spectators at football games and shoppers in stores. The objective is for children to act like students at school. If a classroom is chaotic and disorganized, children's behavior will reflect that environment. When the children perceive that the classroom is a place for learning and discovery, however, there is a greater chance that they will act accordingly.

In preservice, you learned that teachers often attempt to establish good learning environments by devising classroom rules and routines. You learned why this is necessary. You learned it was necessary to support the teachers rules and routines. You also learned how important it is for you to be consistent, positive, firm, and loving. In the following sections you will learn new material about some of the major strategies of classroom management. You may wish to review the sections, "Classroom Rules and Routines" in Preservice Chapter 4 before beginning the following material.

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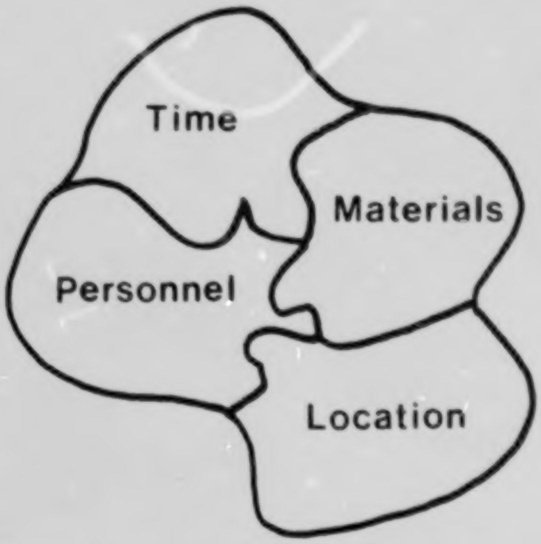
Influence of the Environment

Other things must be considered when "setting the stage" for appropriate learning. The team must be sensitive to the physical environment. Things like comfortable temperature, adequate lighting, ventilation and a controlled noise level are important. Defects in any of these areas can cause both teacher and students to get nervous or irritable. Educational teams have to be aware when classroom are situated near playgrounds, cafeterias, furnace rooms or high traffic areas of the distractions from those sources that can potentially disturb students. Students' physical comfort depends on controlling these things, but they can also affect learning and the quality of behavior. Braces being too tight, noisy hearing aids, hunger, and characteristics inherent in certain physical conditions (e.g. low blood sugar produces fatigue and frequent pain accompanies arthritis) are things which might impede the student from behaving and performing at her best.

In general, four factors regarding learning environments must be considered:

- time
- location
- materials
- personnel



Time

Time is a variable the team will always need to consider. While you might be interested in having a student do a puzzle or assemble a work package for 20 minutes, many students can work on a single task for only a short period of time. Time of day is important. Many students work better before lunch than after lunch. Generally, you will want to work on the more difficult tasks in the morning.

Materials

The materials you select constitute an additional factor that needs to be considered. Small pencils or tiny nails may present too many frustrations in completing the task at hand. Materials should also be selected which are age-appropriate. A sixteen year old girl will be bored or discouraged by childish pictures, but may be content even when learning a task such as identification of safety signs which is typically learned by younger children. You should also use age-appropriate pictures because you want to encourage age-appropriate behaviors. Remember too, that boredom with a task or material may contribute to misbehavior. Curiosity may also lead a child off the task when using certain materials.

Location Influences Behavior

A child who must concentrate on a task may have difficulty doing so if she is in the middle of the play or recreation area. One of your tasks is to make sure the classroom location is the most likely to evoke the behavior you want. A child may learn that she works best in a corner by herself where there are fewer distractions. Perhaps in your classroom the teacher has provided study carrels, a carpeted "quiet area" or small tables surrounded by dividers where some students can work together in groups.

Time out areas are often used as a control of student behavior. A misbehaving student may be temporarily removed from the group and thus, denied both the opportunity for social interaction and for participating in activities. In essence, this is a time-out from whatever is going on in the classroom. Time-out may involve the use of a small side room, a corner, or a partitioned area; any place that isolates the individual from the group or from interesting activities. When Julie is being difficult to control, (for instance when she is hitting another child) immediate removal to a time-out area for a brief period might be effective in reducing the hitting behavior. When the teacher removes Julie she should make it clear why she is being removed, "You hit Tessie, you must sit here," but the technique works with non-verbal children too. Time-out procedures and areas have been found to be very effective with many students. However, the instructional team must be careful that it is not used as a way to "get rid" of a student for long periods of time. In fact, in some areas there are specific regulations concerning the use of time-out areas. You must be aware of these if such regulations apply to your area.

Personnel

How personnel are utilized is an important aspect of the learning environment. A classroom with a teacher, two instructional associates, a parent volunteer, and a community volunteer will have a much different learning environment than a classroom supervised by one teacher only. A classroom with a trained enthusiastic instructional associate will have a different environment than one with an untrained unenthusiastic IA. A classroom in which children help other children is different from the classroom that has no student to student teaching. All of these aspects can be varied to improve the learning environment. You will see how each individual in the classroom — student, parent volunteer, teacher or IA, contributes to the operation of the class.

Students

Usually we think of teachers and other adults as controlling students behavior but students may also be able to control and influence one another's behavior, just as your behavior is controlled and influenced by others. A good pitcher is encouraged to behave so that he will be able to play the game with the rest of the team. One student who eats slowly will be encouraged to hurry if play time occurs only when all are finished. Encouragement from a classmate, especially among adolescents, frequently has more power than the same encouragement from you or your teacher.

The instructional team needs to encourage students to help each other and do things together. When Peter comes to you to get his shoe tied, you might redirect him to Jennifer, who is competent in tying shoes. Perhaps during lunch time you could have Paula feed Beverly, who has cerebral palsy and has limited use of her hands. Besides Paula eats quickly and then often fills her time interfering with others. Also, it is often easier for a child to learn a new concept or skill from a peer than from a teacher.

Often teachers need to "put words into students' mouths" to get them to interact congenially. When a student tattles about another student, instead of intervening by saying, "Jacob quit bothering Jill", you might tell Jill to "Tell Jacob you don't want to be bothered." It is important that students learn to express their feelings to each other and assert themselves when they don't like something. You might say to a student who is being grumpy and is getting teased about it to "Tell the other students that you are unhappy today and want to be left alone."

Group for Positive Interaction

Students are frequently grouped within classes primarily for instructional purposes but also with a consideration of the interaction between the students involved. Efforts should be made to avoid placing students together who serve as stimuli to evoke negative behaviors in each other. Most classes have at least one pair of students who seem to be unable to work harmoniously together. We may occasionally want to devise situations to teach students means of dealing with others whom they do not get along with, but these teaching situations must be carefully monitored. Generally, you will want to work with students who can interact successfully with one another when you are teaching new skills.

On the brighter side, students usually enjoy being with one another. In fact, being able to participate with the rest of the group is usually viewed as a reinforcing condition. When all get along well, help one another, and actively participate as part of the group, the rewards are powerful. Group efforts in cooking or preparing some art project point to the value of positive group interaction. Again, the students see the natural consequences of their actions.

Parents

Teachers and IAs spend a lot of time teaching new skills and behaviors as well as making sure previously learned behaviors are maintained. Remember, a potential source of help and support in this area is the home. Once a skill has been taught in the school setting, parents can provide support in encouraging the child to generalize what has been learned at school and use the skill or behavior at home. If you are working with Suzi to have her express her desires, parent support will help in developing this skill. If they know that you are requiring her to say "milk" when that is what she wants, they can then also require her to do so. Remember, too, that parents often can suggest an activity that will lead to greater independence for their child both in and out of school. Education is a shared responsibility between school and home.

Volunteers

Because each student in your class has different needs, you and your teacher will probably welcome volunteers who wish to help with your students. These people may be in a foster grandparent program, college or high school students, or perhaps interested friends or relatives. Many times these people have unusual skills or talents to share. Often the students enjoy simply working with someone new.

Putting the Factors Together

Let's assume that we have a 10 year old mentally handicapped child, Billy, with a very short attention span, who is very distractible and has poor hand coordination. He engages in frequent inappropriate attention-getting behaviors. We observe these learner characteristics and then proceed to manipulate factors in the classroom setting to help the child learn, let us say, to write upper case letters A, B, C.

Time 1. Because of his short attention span we plan a variety of brief activities designed to teach writing ABC, such as:
   a) tracing sandpaper letters with a finger
   b) tracing embossed plastic letters with a finger
   c) following a ridge with a large pencil
   d) writing over dotted line letters on the chalk board
   e) writing over dotted lines with a large pencil on construction paper

Materials 2. Because of his poor fine motor coordination we have Billy use large implements (crayon, husky pencil, large sandpaper and plastic letters, large chalk, thick paper)

Location 3. Because of Billy's distractibility we might take him to the rear of the room or seat him at an isolated corner table with his back to other students.

Personnel 4. Because of his attention-getting behavior the teacher, IA and students provide lots of praise for constructive work. He enjoys working with Mrs. Haller, a volunteer, and generally does his best for her. His parents also help with the same task, under similar conditions at home.

Thus, we have varied a number of classroom components to promote Billy's learning of the task. Traditionally Billy might be given repetitive worksheets which involved the use of a small pencil, small letters, and thin paper at his seat in the middle of a group of children. He might be nagged to "get back to work" or "leave Sally alone," during class period. Billy would probably have failed to learn to write ABC and would have become frustrated at his own lack of progress. He would undoubtedly also be aware of negative reaction to him. His problems might expand to other areas, because of his feelings about himself and the educational team, and become worse. But, by varying a number of classroom factors Billy learned the task, experienced success, had good interaction with the team and his classmates, had acquired a feeling of confidence, and was ready to proceed to a new task.

Remember, the teacher is the program manager. It is the teacher's role to arrange components to make the system responsive to the child to motivate behavior, learning and growth. You can contribute to the teacher's efforts greatly if you recognize any environmental conditions which you feel are hindering or helping a child's progress and report them to the teacher.

Other Aspects of Positive Learning Environments

Encourage Independence

The goal for every student, is independence. To promote independence, the learning environment must allow for self-direction and self-control. These are not skills or behaviors which develop automatically as the student grows older. These behavior patterns can, however, be enhanced by a sensitive learning environment.

In every situation the student should be allowed as much responsibility for her behavior as she is able to assume at any given time. Often you will need to interfere when the child is misbehaving and you should do so in a firm, consistent manner. Whenever possible you should present a positive behavioral expectation to replace the negative behavior, such as, when you stop a child from running down the halls you might say. "We walk in the halls." rather than "Don't do that." or "Stop it". This provides a positive alternative. You might also say, "I like the way you walked in the halls", which rewards the appropriate behavior. (These strategies will be discussed in the section on "Establishing Positive Human Interactions" in greater detail.) However, it is most important that the student learn to walk in the hall without prompting from the instructional team. You might gradually let the students walk down the hall by themselves while you watch from the doorway. You can comment on how proud you were that the students walked. Perhaps you will deny some privilege to those who did not walk. Eventually school routines should be accomplished by students with no teacher or IA intervention at all.

It cannot be stated too strongly that the long range goals of education for handicapped children are to have them learn to be independent, become competent in performing everyday tasks, and able to make reasonable decisions in new situations. To be independent they must have practice in doing tasks by themselves, in monitoring their own behavior, and in making decisions. The educational team or parent may be able to control a student's behavior in the classroom, but they cannot accompany the student through life. Therefore, instead of attempting to get "good control" over behavior, the team should try to get the student to monitor and control her own behavior. A team may be able to perform a task better and more efficiently than the child can do it herself, such as helping take off a coat and hang it up, remove a brace, comb hair, or feed a child a meal. But, the child must have practice doing these things for herself.

The team should attempt to overcome the urge to be "helpful." For example, Jimmy uses a wheel chair. He is slow to manipulate it so when he goes to the gym the instructional associate would always push it for him so he would get there quicker. She was making Jimmy dependent on herself and was not giving him a chance to develop his muscles and become more efficient at manipulating his wheel chair. He will need to learn to get around by himself. The educational team tries to maintain a "low profile." They encourage children to learn the schedules, clean-up after themselves, check their own work, or get themselves ready in time. You must also encourage students to settle their own problems with others. Children need to practice being independent.

Use Natural Consequences

Natural consequences provide students the most effective feedback. For example, missing an important event because of dawdling, is the natural consequence of not being ready on time; the child sees the effects of her behavior. Eating a delicious cake is a natural consequence of having followed a recipe correctly. Being dry and comfortable and having parents pleased, is the best feedback for successful toilet training. Positive environments mean that natural consequences should be used whenever possible as feedback for student behavior.

Use Natural Settings

Remember that a natural setting is used whenever possible for learning to occur. This is especially true for handicapped children who may be less able to transfer what is learned from one setting to another. Even if the learning setting is different than the place where the behavior is to be used, it should simulate reality as closely as possible. In other words, school settings should be similar to natural settings where the handicapped individual will eventually live. Often the school setting consists of tables, papers, and bulletin boards, whereas the eventual setting will include streets, yards, beds, tables, and chairs. Often learned behavior that is adaptive in the school setting will not be adaptive in the future setting. The team needs to attempt to simulate the conditions of the eventual natural setting of the students in the classroom as much as possible to guarantee that the learning will be transferred and functional. In short school learning must be made more

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consistent with functioning expected out of school. The emphasis is on using skills in the community, not just acquiring them in school.

Positive environments also recognize the right of the learner to take part in the decision-making processes which determine her program to the maximum degree possible. In cases where the child is too severely handicapped to make decisions or too non-verbal to communicate them, she is to be provided with an advocate who will attempt to consider the situation from the learner's point of view. (Yourselves!) The assumption here is not only that the learner has the right of choice, but also that she is more apt to be motivated and cooperative in the learning process if she is involved. Parents will naturally be more inclined to support the team if they are involved, also.

ESTABLISHING POSITIVE HUMAN INTERACTIONS

The general strategies that have been discussed in the first part of this chapter enable you and your teacher to arrange a learning environment which helps students behave appropriately. However, even the best learning environments need to be sustained by positive on-going human interactions. In spite of your best efforts, there will still be students who will need a different, more specific, approach in order to help them maintain and build appropriate behaviors. In this section such strategies are reviewed. You will, of course, continue to be concerned about the environmental strategies but will need to supplement them with these additional techniques. Essentially, the next section will be concerned with increasing behaviors you wish to see more and decreasing or eliminating some less desirable behaviors.

Specifying Expected Behavior

Imagine this classroom scenario.

Teacher: "I really like the way John is using his spoon to eat his cereal." Mary Jane, who has been eating her cereal with her fingers, then picks up her spoon to eat her cereal.

Would Mary Jane have picked up her spoon given one of the following requests?

"Mary Jane, you are disgusting."

"Mary Jane, don't do that!"

"Mary Jane, don't eat with your fingers."

"Mary Jane, use your spoon, please."

"Mary Jane, you are disgusting."

Let's look at the statement, "Mary Jane, you are disgusting." Well, you really should not use this kind of statement. Such statements don't reflect anything about the *behavior* that is expected but indicate to the child that you don't like *her*.

"Mary Jane, don't do that!" Well that's an improvement! That statement shows concern for some behavior ("that") instead of just the person. However, it's not specific enough; maybe she is talking at the same time she is eating with her fingers. What is it that you don't want her to do? Be sure you are clear about what you do or do not want the student to do.

"Mary Jane, don't eat with your fingers." Well, now at least she knows for sure what it is you don't want her to do. But, she is still left wondering, "What should I be doing?"

"Mary Jane, use your spoon, please." Now you are giving Mary Jane some specific way of behaving. She is more likely to do as you would like her to because you have specified exactly what you expect of her. You are specifically stating what it is you want the student to do.

Increasing Desired Behaviors

There are a couple of ways we can suggest to get Mary Jane "on the track". None is necessarily better than another. It depends on the child and the circumstances. There are some things to keep in mind when you decide that you want to change any child's behavior. Do you want to increase or decrease a behavior? In this case, you want to increase appropriately using a spoon (and also decrease eating with fingers).

Sometimes you see children who show some appropriate behaviors that you would like to see more often; initiating conversations, hanging up clothes, putting materials away, making some attempt to sit up or using a spoon.

How can you increase the chances that the child will perform these behaviors more frequently? One of the most common and most effective techniques and one which is easy to use is *verbal praise*. In the very first example, John was being praised for correctly using his spoon. To use the praise strategy more effectively, it should be as specific as possible, and should occur as soon after the event as possible. To tell Susi, as she boards the bus to go home at noon that she "was good" this morning isn't as effective as telling her immediately. Also, to say "You are being good" is simply too non-specific for most students ("What am I doing that's so good?").

We can praise good behaviors in lots of ways. Sometimes we smile, give a handshake, or a pat on the back. We might use those non-verbal ways or we might *pair* some non-verbal way (a smile) with a verbal way ("I like the way you hung your coat.") Eventually we might want to fade or stop giving the verbal message and just use the easier, non-verbal way.

Some teachers make up what is called a *reinforcement menu.* A reinforcer is something that is likely to increase the possibility of some other event occurring. So a reinforcement menu is a list of things that can be given or done with the children which are likely to increase the behaviors which they follow. Most mothers know about this strategy and use it when they say things like, "Eat your sandwich and then you can have ice cream." The ice cream is a reinforcement for a behavior we want to increase, eating the sandwich. Some of the things that we think of as reinforcers might be *tangible* things like stars, raisins, or cookies. Other reinforcers may be non-tangible and fall into the category of special privileges or social reinforcers. Being first in line is a popular one, sitting next to you or the teacher is another favorite of young children, while older students may want to listen to a favorite record. Still other reinforcers take the form of preferred activities. "Joanie, you can play on the swings when you finish drawing your picture." Remember, hugs, smiles, pats and handshakes may be reinforcing for some students.

Most importantly, remember that a reinforcer for Harold may not be one for Sherri. Harold may like raisins; Sherri may be allergic to them. The team must try to discover the type of reinforcer each child prefers.

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Reinforcement Schedules

When should reinforcement be provided? When a reinforcer is given is just as important as what the reinforcer is. When a student is learning a new behavior, such as attempting a desired speech sound, it is usually best to reward immediately, each utterance of the sound. This combination of giving immediate reinforcement and giving it on each occurrence will assure the most effective behavior change pattern.

After the behavior has been established you may wish to phase the reinforcers out a bit, perhaps reinforcing only every other effort or every fourth effort.

Some behaviors occur over an extended period of time and so you may speak originally of presenting continuous reinforcement. If a child is staying in his seat as desired she will be allowed to keep a puppet on her desk. After this staying in seat behavior has been established you may want to offer a reinforcement at different intervals. Perhaps after each 3 minutes of staying in her seat you may give her some raisins.

In the case of Mary Jane you would probably smile at her two or three times during an eating session when she uses her spoon. You might give her a hug at the end of the session and say, "I liked the way you used the spoon". As using a spoon become more automatic, you would not need to praise her as much. After a few weeks you would probably not even need to mention the behavior.

Shaping Behavior

Sometimes you see children able to do parts of a task, or to do a task only in some situations. You can sometimes shape new behaviors by building or adding onto old behaviors. For example you'd like Betty to be able to say the word "birthday". At one point Betty's version of the word is barely comprehensible. Think of some successive approximations along the way from her pronunciation all the way down to the correct one. Perhaps saying "brday" would be your first approximation. You would reward Betty when she said that for awhile. After a time you wouldn't reward her until her pronunciation came a little bit closer to the way that you ultimately want her to pronounce it. You'd stop rewarding her for the lower level response and successively reward her only for the more acceptable responses.

In the case of Mary Jane, we could shape her "eating with a spoon" behavior by holding her hand on the spoon and going through the motions of eating with her, praising her for cooperation or independent attempts.

Chaining and Reverse Chaining

If the assessment of a specific task indicates that the student *cannot* perform any of the sub-tasks or parts then instruction could begin with step number 1. After the student can perform step 1, instruction is offered in step 1 and 2. After these two steps have been mastered, instruction is offered in steps 1, 2, and 3. This process known as "chaining", continues until the last step or component of the task has been mastered. New steps are not introduced until the step the student is presently working on has been completely mastered. Only one step is taught at a time. The steps are taught in order until the objective is reached.

Another method of teaching a task which has been analyzed is starting with the very last step and moving backward one step at a time until step number 1 has been achieved. This method is known as "reverse chaining." For certain tasks and students, this method is quite effective. For example, puzzle activities are often used by teachers to strengthen visual discrimination skills. Rather than just giving the student the puzzle to put together, teachers often give a child a puzzle that is assembled minus one piece. By adding the last piece the student is provided with success and a sense of accomplishment immediately. Moreover, the part-whole relationship the teacher is aiming for is more easily seen by the student. Following the student's initial success more pieces can be taken out, working back toward the initial task where the student must put the puzzle together from the beginning. This process is known as "reverse chaining" because instruction is first being offered in those sub-tasks which came at the end of the analysis.

Often teachers of handicapped students need to analyze the tasks which they learn. (In Chapter 6 we will discuss this important concept of task analysis in more detail). Eating with a spoon requires a series of separate tasks:

1. holding the spoon,
2. lifting it to the food,
3. scooping the food,
4. balancing the food in the spoon,
5. bringing the spoon to the mouth,
6. opening the mouth,
7. inserting the spoon,
8. closing the lips,
9. sliding the spoon out of closed lips, and
10. returning the spoon to the food.

In reverse chaining with Mary Jane the instructional team might get her to remove the spoon out of her closed lips first. Then proceed to get her to put the spoon in and close her lips.

Look at the Situation

The specification or assessment of the behavior should also include some situational information. Does John hit only Susan? Does he only hit the other student before lunch? Remember that frustration, boredom, lack of success, or discomfort can all be instrumental in causing negative behavior! Sometimes the term ABC analysis is used to describe an approach to assessing behavior; that is, looking at antecedents, behaviors and consequences. What circumstances precede the behavior in question? (hunger? provocation by peer? frustrating task?) What are the usual consequences of the behavior? (removal from a frustrating task? teacher attention?)

Does Mary Jane use her spoon better when she is hungry? With dessert rather than soup? Does she use the spoon better in the morning when she is less tired? Does she get enough fruit cocktail in ther spoon for eating with the spoon to be as pleasant and rewarding as eating with her fingers? Do the teachers praise her when she uses the spoon correctly?

Modeling

After saying, "Mary Jane, use your spoon," now, you find Mary Jane eats with her fingers and uses the spoon too. Oh well, at least you have suggested to her a positive way to operate. Unfortunately, we often give her attention while she is doing something incorrectly. A better technique might be . . .

"I really like the way John is using his spoon to eat his cereal." You are calling attention to a positive behavior. This kind of statement is sometimes called *modeling*. One student's behavior is selected as a model for other students to imitate. Of course, it isn't simply a matter of picking the student who can perform the skill or behavior you are concerned about. The fact that Mary Jane likes John is a big help. Also, Mary Jane has to hear what you are saying about John's behavior and she should be able to see what John is doing.

Modeling is very important in education. Children imitate behaviors of adults. We often have observed that a child, "talks just like Mr. Doe" (a favorite teacher) or "combs her hair like Ms. Brown" (her art teacher). Because children imitate behavior it is important that the instructional team be "good models". If you want the students to eat a well-balanced lunch, eat one yourself. If you want children to deal with problems verbally, rather than with hitting, provide a model for settling problems verbally. The positive human and professional relationship between you and the teacher is a tremendous model for students.

Behavior for a Reason

You may try the modeling technique with Mary Jane by saying. "I really like the way John is using his spoon to eat his cereal." Mary Jane sees him, she hears you and proceeds to throw her cereal at John! So much for using modeling to help Mary Jane! What happened? It seems that Mary Jane figured out that she can still get your attention by throwing the cereal. There really isn't much happening for her when she sits there and eats the cereal with a spoon. So, she does what she knows will get your attention.

There are reasons for children's misbehaviors. Many times what is inappropriate from an adult viewpoint is very appropriate from the child's viewpoint. For example, Sally found that crying was a very good way to get attention from adults. In other words, if we look closely enough, we can find that a child's inappropriate behaviors are being rewarded in some way. The task for the instructional team is to discover the sources of reward for the inappropriate behaviors and remove those rewards as thoroughly as possible. Most importantly, however, the instructional team must ensure that children are taught alternative appropriate behaviors and that those behaviors are rewarded to a greater degree than the inappropriate behaviors were rewarded. Unless there is an alternative way to cope, a child may feel threatened or defenseless. Essentially then, the task is to simultaneously decrease the inappropriate behavior and establish a positive alternative.

Decrease Inappropriate or Increase Appropriate Behavior?

"How do I increase some behavior while I decrease some other behavior?" That presumes that you have looked at some behaviors and made some decisions about them. The first thing to do then is to specify the particular behavior you are concerned about. Here are some examples of behavior you might want to decrease:

. . . hitting classmates
. . . biting self
. . . using fingers to eat

Hitting classmates is generally not a behavior that leads to social acceptance! So that is something you would want to decrease. Biting self is another behavior you would want to decrease. Using fingers to eat is unsanitary and not socially acceptable in this society.

Provide Alternatives

Remember, when you think about a particular behavior you would like to eliminate, you need to think of a positive behavior to replace it. This is called selecting incompatible behaviors, that is, a behavior that cannot be performed at the same time as another. Standing and sitting are incompatible behaviors. Eating with a spoon however, is not incompatible with using fingers to eat; Mary Jane could use a spoon in one hand and still pick up cereal with her other hand. You will not always be able to find "neat" pairs of behaviors like sitting and standing but it makes it more likely a negative behavior will decrease if you are strengthening an incompatible positive behavior.

Once you have determined that there is a particular behavior you wish to decrease, you will need to decide on which specific techniques you will use to accomplish this. Of course, whether you are increasing or decreasing a behavior the decisions regarding the behaviors and the techniques to be used are made by the educational team together.

Cues for Control; Avoid the Negative Behavior

"I knew she was going to do that!" When you say that about a student, it usually means that something the student did gave you a clue to her next behavior. Teresa may start biting her finger right before she has a temper tantrum. Sometimes, if you see the cue, you can move that student to another task and then hopefully avoid the temper tantrum.

In the same way that you learn cues which students give, you can use some cues and non-verbal behaviors to control students behavior. When Mary Jane doesn't pick up her spoon you can be sure she's not going to use it, so you might simply point to the spoon and smile. Children who are possibly going to misbehave aren't likely to do so if you are sitting next to them, or if you have your hand on their shoulder or arm. Sometimes just a glance will deter a possible off-task behavior. Many times, calling a student by name or reminding group members of a class rule or procedure will keep students on task. Remember too, the many things in the environment which you can control to prevent the negative behavior from occurring in the first place.

Direct Confrontation

A standard strategy for decreasing behavior is to ask the child to stop. Although this often works with children who are fearful or eager to please, even limited experience will tell you that this strategy is not always successful.

Ignoring Behaviors

Sometimes ignoring the behavior will be successful in causing it to decrease. This is especially so if the behavior the child is emitting is her way of trying to get your attention. If the team decides on the strategy of ignoring, be sure that you are consistent. Every episode of crying must be ignored or every episode of hitting must be ignored. As you can see, this strategy is not useful for every negative behavior.

So, there are times when intervening is absolutely necessary. Obviously, if two children are viciously fighting, ignoring them is irresponsible. There may even be times when the behavior is so extremely inappropriate that both you and the program manager will need to call upon other school personnel for assistance and have the child removed from the classroom. Usually, most program managers make every effort to first handle problems in the classroom. The decision about when and when not to seek resource assistance in stressful situations is the program manager's responsibility, but there may be instances when you might need to make such a decision.

Punishment

One strategy for decreasing inappropriate behavior that raises difficult questions is punishment. Punishments can take many forms — physical punishment (spanking, for example), verbal punishment or taking away privileges. Punishments can also be very mild or very severe. In all cases, punishment involves inflicting some form of pain upon the student for some inappropriate behavior. The emphasis is upon getting the inappropriate behavior stopped rather than providing the student an opportunity to behave appropriately.

In general, more severe punishments are used by teachers only as a last resort, if at all. There are many reasons for not using severe punishments. First, physically punishing a child or verbally humiliating a child does not teach new appropriate ways of behaving. In fact, since adults are models for children, punishing a child severely in these ways can teach socially undesirable behavior. Second, many teachers recognize that severe punishments are usually an outlet for an adult's frustration and anger at not being able to handle a situation. Punitive actions in these cases just interfere with good human relationships. Third, many schools have very strict, clear guidelines that prohibit such severe punishments. You must be aware of these guidelines and know your teacher's interpretation of them.

At times, however, your teacher may feel it necessary to impose some punishments on a child. The teacher may feel that the inappropriate behavior is so dangerous to the child herself, the other children, or so disruptive of the classroom environment that emphasis must be placed on getting the behavior stopped. Teachers then try to use as mild a punishment as possible, yet still be effective. Most teachers also attempt to avoid physical punishments as much as possible. Finally teachers try to make sure that the actions they take are for good reasons and not just to vent their anger.

Most importantly, you must have a thorough understanding of your teacher's feelings and practices concerning punishment. You must never punish a child so severely that you violate your teacher's practices or school guidelines.

So let's look first at mild punishments such as taking away privileges. For example, a child may have to miss one minute of free choice activity time for each episode of hitting another student.

(This sometimes presents a penalty for whomever must enforce the punishment too.) This type of activity will unfortunately, call attention to the behavior you hope to eliminate.

If you are going to use a punishment, be sure to do so as quickly as possible after the child has emitted the behavior you are concerned about so she will know why she is being punished. In the case of Mary Jane you might remove her dessert if she eats with her fingers and not give it back until she takes her spoon in her hand. If she has good understanding you might take her dessert away completely if she uses her fingers. Remember to give her a fair warning. Since this strategy is a last resort which is apt to make her angry and resentful.

Collecting Baseline Data

When making a decision to alter behavior it is important to have an idea of how frequently the behavior occurs before you do anything to change the behavior. Collecting baseline data then means noting how often that behavior happens.

In order to see a change in behavior you have to know the frequency with which the behavior occurred before you intervened. By comparing baseline data with information collected during treatment you can determine how effective the treatment is.

Generally, baseline data consists of a count of the frequency of a behavior. That is, you record how often a specific event occurred. The chart below illustrates an example of a way of recording the frequency of a behavior. The chart may be simply made from an index card; it could be taped to a desk or clipped onto a clipboard.

Student: Mary Jane Observer: Miss Sal
Behavior: Using spoon to eat cereal
Physical/Social Situation: Classroom, Meal time

Date	Frequency	Number
June 14	/ /	2
June 15	/ / / /	4
June 16		0
June 17	/	1
June 18	/ /	2
		9

Notice that the behavior must be something you can observe as well as something you can count or measure.

Some behaviors are more appropriately counted in terms of the duration of the behavior. You may be concerned about how long a specific behavioral event occurs. For example, if Jane seems to spend a great deal of time crying, you may want to know how long each crying episode lasts. A chart similiar to the one above, could also be used; you would note how long each crying session lasted.

It is difficult to state definitely how long you should collect base-line data. Typically, data collection daily for one week will give you a realistic reference point to later evaluate an intervention program. But many may find a week of observation to be too time-consuming so you might collect baseline data for a more limited period.

SUMMARY

Learning is behavior change. We change behavior through the strategies we use in both formal and informal instruction. Some of these strategies are how we react or do not react to what a student says or does, and how we vary the use and sequence of materials and activities. These behavioral and instructional strategies not only assist the student in learning skills and performing tasks related to the skills, but it makes the learning experience a pleasurable and rewarding one for the student.

Descreasing inappropriate behaviors and establishing new behaviors are major concerns of teachers of the handicapped. The ability of the educational team to establish positive behaviors of students and decrease students' negative behaviors is vital for the team's feelings of success and satisfaction. Failure in this effort can make the classroom an unhappy place for both students and instructors.

ASSIST Activity 1: *Classroom Management* — Unit 1

Objective: To demonstrate knowledge of general factors affecting classroom management.

Fill in the blanks. Select from the terms listed below.

1. Four important variables to consider regarding learning environment are: time, ________ , materials, and ________ .
2. The educational team always strives to help students gain ________ ; this may mean that you do not always help students.
3. If you allow a student to miss a favorite activity because she was not ready on time, you use ________ ________ to negatively reinforce undesired behavior.

natural setting
natural consequences
location
personnel
independence
dependence

ASSIST Activity 1:

1. location, personnel
2. independence
3. natural consequences

ASSIST Activity 2: *Increasing Appropriate Behaviors* — Unit 1

Objective: To select appropriate strategies to assist or reinforce a student in achieving a skill.

1. John is a 9 year old handicapped student. Although he dresses himself alone, he cannot button the 3/4 inch buttons on his jacket. Your teacher has determined that although John can grasp medium size objects, he has some difficulty manipulating small ones. Still, she feels he is ready to learn this skill. She also knows that John responds well to praise. She asks for your suggestions in helping John develop this new behavior.

Select the most appropriate method of helping John learn this skill:

a) Have John wear his jacket an hour each day and assist him in putting the button through the hole, saying all the time, "Good job, John".

b) You wear a jacket with 3/4 inch buttons and keep buttoning and unbuttoning it to show him how to do it. You are careful to praise him while you do it.

c) Give John a 2-inch button and material with a slit in it. Praise him when he buttons. You move to a 1½ inch, 1 inch, and the 3/4 inch button, and finally to his coat — rewarding him at each step.

ASSIST Activity 2

1. c

ASSIST Activity 3: *Changing Behavior* — Unit 1

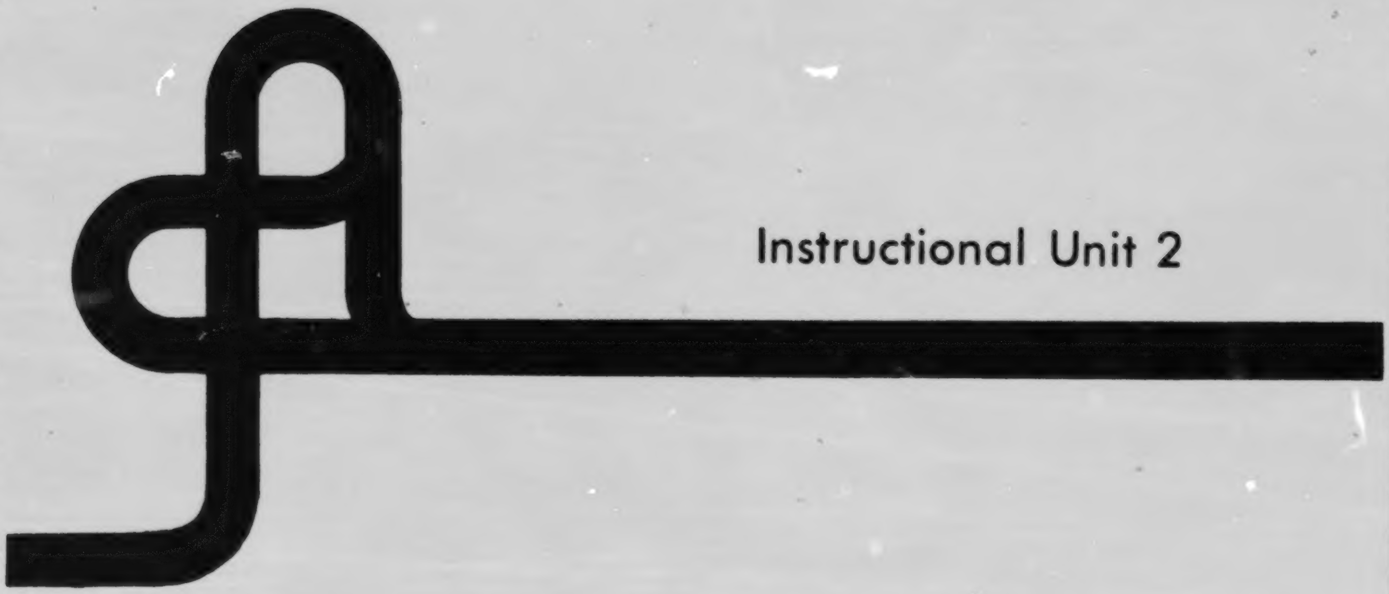
Objective: To identify terms used in describing ways of changing behavior.

Match the terms in column A with the appropriate response from column B.

A	B
____ 1. baseline data	a. list of possible rewards
____ 2. verbal praise	b. imitating
____ 3. reinforcement menu	c. standing and sitting
____ 4. shaping	d. "Good girl"
____ 5. chaining	e. information about a behavior before it is changed
____ 6. modeling	f. accepting a behavior close to the one wanted
____ 7. incompatible behaviors	g. adding new steps to a set of behaviors

ASSIST Activity 3:

1. e
2. d
3. a
4. f
5. g
6. b
7. c



Instructional Unit 2

THE INSTRUCTIONAL PROCESS

INTRODUCTION

Instruction takes place when you provide appropriate learning experiences for your students. Appropriate learning experiences take place anytime you assist your students in developing skills.

In Unit 1, you learned ways to manage the classroom to make sure that any learning activities your team attempts have a greater chance of success. Unit 2 will concentrate on the steps educational teams must accomplish to develop effective learning programs. ASSIST refers to these particular steps as the instructional process.

Within the instructional process, your teacher as program manager has four primary responsibilities:

1. Assessing the developmental skills of each student
2. Developing instructional objectives and programs for each student
3. Implementing instructional programs
4. Evaluating the programs

Within each of the above areas, you will utilize your skills in a manner complementary to those of the teacher. The complementary knowledge and skills you will gain during inservice will enable the teacher to provide more effective learning activities for the children your team serves.

ASSESSMENT

Assessment is something that we do in our everyday lives. For example, when we are deciding whether to buy land or a house, we have its value assessed.

The word "assessment," therefore, refers to the collecting of information in order to make some kind of decision. In educational settings we assess children to find out what skills they possess — what their strengths and weaknesses are. Kathy can name and match the colors red, green and orange, but she cannot name and match the colors yellow or blue. Richard can dress himself in clothes without buttons, but he cannot tie his shoes. You need to know what your students can and cannot do in order to design appropriate learning programs or environments for them.

Assessment is a very critical step in the instructional process. Without it, teachers would not have information or data to use in planning programs for the child's development. Without planned programs and objectives, instruction has no goal or purpose. You may teach — but the child may not learn. This may happen if you are attempting to teach something the child already knows or can do. You may also be attempting to teach a skill that the child is not ready to learn, because she has not learned what goes before it.

The purpose of assessment, therefore, is to provide information so that appropriate instructional programs can be developed. This assessment data should indicate what skills a child has, at what level, and in what environmental settings the child can use the skills. More specifically, assessment should indicate whether a child has acquired skills, independently maintains skills, and generalizes her skills to other desired settings.

ACQUISITION ——→ MAINTENANCE ——→ GENERALIZATION

For example, after instruction, Jake has learned to brush his teeth properly in the classroom after lunch. He also maintains that acquired skill daily in the classroom with little prompting from the educational team. However, he does not generalize that skill by brushing his teeth at home. The educational team, in this case, must devise a program that would generalize the skill to the child's home. Laurie, on the other hand, has learned to share toys in the classroom (a social skill) but only when the teacher is watching, and certainly not with her brother at home! Appropriate instructional activities are necessary for helping Laurie to maintain and generalize her new skill. In summary, once the child's strengths and weaknesses are determined, the teacher can develop programs for the child to strengthen the skill she already has and develop needed skills.

The methods of collecting information about the child's knowledge and skills may vary with each program. However, the most commonly used assessment techniques are:

1. Formal or Standardized Methods
2. Informal Methods

Standardized Testing

Standard tests provide general information about a child. They compare how well a child performs a task compared to a standard, usually the performance of other children of the same age. The major purpose is to indicate or reveal potential learning problems of students. In Preservice Chapter 3, you learned that a standardized test was often given to indicate the possibility of a mental, emotional, or other handicap. In fact, a lower score on a standardized test is often a necessary finding for a child to be placed in a classroom serving handicapped students.

Standardized test scores may help the team in two ways. First, they may help the team establish priorities. For example, if a child scores well on tests of social and language skills, but scores low on motor skills, the teacher may decide to emphasize motor skills for that child. Formal tests may also shed additional light on the nature of a child's learning problems. For example, many times language impaired children are suspected of being retarded. However, if a child scores well on a nonverbal intelligence test, the educational team has evidence that the language problem is probably not due to low intelligence.

Remember, however, information from tests is limited, since it only provides a general comparison of a child to other children of the same age. These results will not be of much help to the teacher who needs to design specific objectives and activities for the child.

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In some cases, the test information can even be misleading. A child with average intelligence who has a language problem may score low on an intelligence test which stresses verbal ability. Many standard tests are inappropriate for certain handicapped children. In addition, research has shown that another problem with formal test scores in the past has been the tendency of some educational team members to let low scores influence their instructional efforts. Low scores can lead some team members to expect low performance. As a result, low scoring children were not challenged enough and did not learn well. You learned to be on guard against these negative "expectancy effects," in Preservice Chapter 2.

It is now recognized that formal testing must take into account the legal rights of children and parents. Many states are implementing case conference committees which must follow due process procedures to protect a child's legal rights when standardized assessment is requested. In most cases, tests cannot be given without parental consent. A sincere attempt must be made by professionals to give the child's parents an understanding of what the test is all about and why the test might be beneficial. In this way, the child is protected from unnecessary or inappropriate standardized test situations. If a parent disagrees or feels uncomfortable with the test, there are "due process" procedures available where the parents, with help from their child's advocates, can resist or appeal the administration of a standardized test. On the other hand, a parent may desire to have standardized test information if they feel their child's placement or that the school's assessment of their child's behavior is incorrect. For most teachers and other educators concerned about handicapped children, these changes are welcome. As educators, we must support changes which help us clarify what we do and why we do it. Now, before formal tests can be administered, educators must have a definite purpose for giving the test and they must verify the appropriateness of a test for any individual child.

You as an IA will not usually be very involved in the formal testing aspect of assessment. In many cases, even the teacher will not be involved in the actual administration of some formal tests. In most school programs, if such tests are used at all, a licensed tester must now administer them. The information derived from the tests, however, may be available to the teacher and yourself. This discussion of standardized assessment has been provided so that you will have an understanding of the general issues regarding standardized testing, the limitations of standardized testing for educational programming, and the need to use the information appropriately and carefully.

Informal Assessment: Introduction

Informal assessment is a major source of information for program planning. Unlike the rigid directions and structures of formal assessment, informal assessment is very flexible and can be done in a number of settings. The teaching team can "test" to see if a child can walk to the toilet unaided or if a child can zip a jacket. The team can check to see if a child is anxious about leaving a parent by observing the child's reactions in that situation. They can test to see if a child knows to put on a hat in cold weather or to avoid stepping in a puddle on a wet day. There are an infinite number of situations which can be used for "assessment", just as there are innumerable situations which can be used for instruction.

Sometimes informal assessment may involve quite lengthy procedures with complicated instructions. For example, in preparation for toilet training a child, the program manager may set aside many times during the day to observe the child and discover patterns of the child before starting a training routine. The teacher may commonly want to know at what times during the day a child has wet or soiled diapers or if she is willing to sit on a potty. Thus, informal assessment can be quite "formal" and structured and take considerable time. But, informal assessment can also be done quickly and spontaneously — at a moment's notice if the teaching team decides they want some information right away. For example, the teacher may want to know if a child has the concept "up". She might say, "look up", and observe if the child actually looks up. The teacher may design a short "test" or task for individual students or groups of students to find out whatever information she desires. She can assess the levels of functioning in different areas in the very environment in which the student will learn or use the skills. Through informal assessment, the program manager and instructional associate can measure a great variety of skills, comprehensions, or abilities. At this point in the assessment process, most of the specific information that can be used for an individual's educational program becomes available. Informal assessment is an on-going activity which will demand much of your team's time.

The Goal of Informal Assessment: Providing for Individual Differences

Think for a moment about finding your way around a new city. Some people learn about it by reading, some by walking up and down the streets, some by asking others, some by studying the map, others may use a combination of these methods. How you learn something depends on your own particular learning style. Each of the students in your class also has her own learning style! It is not your task to change that style but to understand it, respect it and plan with it in mind. Many of the things you will be learning in this section will help you to identify and then plan for student's individual learning styles. Some of these ideas are obvious; blind children generally cannot use books printed in standard size type. Other factors may be more specific or more subtle. For example, a particular student may attend to the task best while she is standing up. There are some general areas to assess when considering each child: activity level, response modes, tolerance or frustration levels, mood and temperament variations and functioning level. Through informal assessment, you will become aware of these differences among children. You can be creative and flexible in allowing for individual difference.

Activity Level

With young children and very active children you want to be sure you have assessed for level of activity before planning a lesson or project. You may eventually want to manipulate the lesson in such a way that the student is required to get up and walk around a table or perhaps go to the board. Children who tire easily should not be pushed beyond their physical limitations. Activities that require much physical exertion should be timed so that they occur when the student is most likely to have the energy to be successful.

Response Modes

Asking a child who cannot speak to tell you her name is an example of not having assessed for response mode before planning language activities! For some children with poor motor control pointing may be difficult; they may, on the other hand, be able to speak easily. Some children may like to learn by reciting orally and others may learn best by writing. For example, Susan may need to write her phone number many times before she learns it. Jeremy may learn it through a chart. We need to carefully assess the most efficient ways each individual learns and adapt the instruction accordingly.

Tolerance or Frustration Levels

Frustration usually occurs when you are asked to do something that you cannot do or think that you cannot do. Many of the students in your class have a life-long history of not being able to do things that were asked of them and frequently have very low tolerance levels for tasks. While we hope to increase the frustration level, this must be done gradually and with large doses of encouragement and realistic objectives. Assessment informs the team about what the child can and cannot do. Then, when introducing something new always start with small doses then add to the length or difficulty of an activity after you observe that the student can handle that amount.

Mood and Temperament Variations in Children

Many people have the faulty notion that all retarded children are carefree and happy or that all handicapped people are depressed. Within each class or group of individuals, handicapped or not, there are bound to be variations in temperament and mood. Assess for these differences. The students in your class will be varied in their temperament and personality. Certainly, even for the most easy going person there are "bad days" and this will be true for the students in your class.

While you do not want to encourage moodiness or temper tantrums you should make some allowances for occasional "bad days" just as you hope an occasional bad day of yours might be tolerated.

Functioning Level

Assessment of a child's functioning level is a very critical step in the instructional process. This assessment data should indicate what skills a student has. Once the student's strengths and weaknesses are determined, the teacher can then develop programs for the student to strengthen the skill she already has and to develop needed skills.

A short summary statement regarding each of the skill areas will assist you as you proceed through this and subsequent units.

Motor:	Motor development includes gross movements of large muscles, such as running and throwing a ball, fine motor movements such as lifting the head and picking up objects, writing, and putting puzzles together. Motor skills will be covered in Unit 3.
Communication:	Communication skills involve not only the ability to non-verbally and verbally express oneself, but to understand what is being said as well. Language will be covered in Unit 4.
Social:	Social skills are interpersonal skills — how a child deals with other persons in her environment. Children initially interact with their family, and as they grow older they move into interaction with other persons. Social skills will be covered in Unit 5.

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Functional Academic:	Functional academic skills are those associated with learning, problem solving, and adaptive behavior. Skills related to reading, math, and writing are examples of functional academic skills. Functional academic skills will be covered in Unit 6.
Personal Autonomy:	Personal autonomy skills are commonly called self-care skills. Personal autonomy skills related to feeding, dressing, hygiene, and toileting will be covered in Unit 7.
Home and Community Living:	Home care skills refer to such activities as cooking, laundering, and cleaning. Examples of community living skills are leisure skills, vocational skills, and consumer skills. Home and community living skills are covered in Unit 8.

Informal Assessment Methods

So far, you have learned about the importance of informal assessment. You have learned that the purpose of informal assessment is to provide for individual differences. You know the necessity of assessing a child's activity level, response modes, frustration level, mood, and functioning level in each skill area.

Now, it is necessary for you to learn about some of the informal assessment methods educators use to obtain this needed information. It is important for you to acquire skills related to the following informal assessment methods:

1. Observational charting
2. Use of checklists
3. Use of anecdotal records
4. Interviewing or information sharing

Observation

A common way to informally assess students is to observe them in their everyday activities. This can be done quickly by looking at and judging a behavior. For example, during a trip to the library the teacher may observe a child standing by the drinking fountain looking perplexed. The teacher may decide that the child would like a drink but doesn't know how to use this kind of fountain. The teacher might go up to the fountain and take a drink. The child can watch how it is done and imitate her behavior. Thus, the teacher made an assessment on the spot and thought of an "intervention" to overcome the child's weakness: she provided a model for the child in how the fountain was to be used.

Observations can also be highly structured and quite formal. There are many behavioral checklists available for teachers to use to assess what a child is able or unable to do or how a child behaves in certain situations.

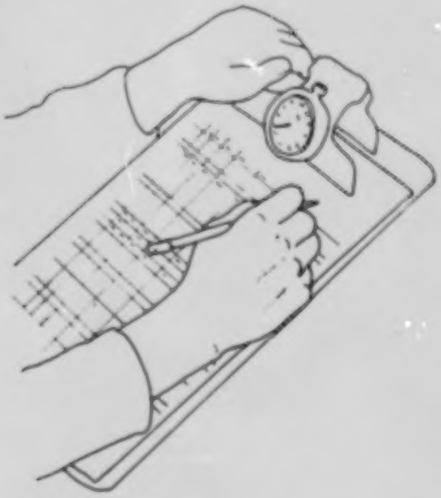
Making Behavioral Observations

There are two things of importance in making observations:

1. Behavior should be *observable*
2. Behavior should be *measurable*

Observable means that someone can see the behavior and identify it. Behavior is everything that is done that can be seen by other people. Thinking processes cannot be observed, but a child knowing red can be assumed if she can correctly pick out red-colored things, according to written or verbal instructions, on a number of occasions. Other observable, measurable behaviors would be pointing to objects unaided, keeping eye contact, forming letters or using a spoon.

To be measurable there must be a way to record the behavior. This may be as simple as putting down check marks everytime an observed behavior occurs. Remember the collection of baseline data techniques discussed in Unit 1.



Let's say you are trying to assess John's use of a spoon. For the purpose of getting him to use his spoon 100% of the time you make a check list. You give him a check for each time he uses the spoon to eat his fruit cocktail dessert on May 1st. He doesn't use his spoon on that day. This measure is your baseline behavior or your measure of behavior before intervention. You can also check the number of times he engages in the inappropriate behavior, which in this case is using his fingers. Here is a chart of John's baseline behavior for using fingers or spoon to eat with.

Student: John Observer: Sally M.

5/1		5/7		5/9		5/10		5/11	
Spoon	fingers	Sp.	F.	Sp	F.	Sp.	F	Sp	f
	✓	✓		✓		✓			✓
	✓	✓		✓		✓		✓	
	✓	✓		✓		✓		✓	
	✓	✓			✓	✓		✓	
	✓	✓		✓		✓		✓	
	✓	✓			✓	✓		✓	
	✓	✓			✓	✓		✓	
	✓	✓			✓	✓		✓	
	✓	✓			✓	✓		✓	
	✓	✓			✓	✓		✓	
		(with help)				(with prompting)		(handed him the spoon)	

You work with him May 7 and 8 and attempt to shape his behavior by holding his hand with the spoon in it and helping him feed himself. You also hold down his other hand so he can't eat with his fingers. On May 9th you watch him eat chocolate pudding by himself. You discover that 60% (6 out of 10 bites) he didn't use a spoon.

On May 10th you help him with the spoon for the first few bites then verbally reinforce him by saying "Good, John" as he continues to use his spoon. On May 11th you observe him again and after using his fingers once you handed him his spoon. He continued to eat with a spoon until his ice cream was gone. Eating with a spoon was the "terminal behavior" you had desired. He ate with a spoon 90% of the time after being reminded. You might continue to use your checklists for the next few days while you reinforce his "good eating". You continue to observe this behavior until he always initiates using his spoon, without you having to remind him, in all appropriate situations.

Let us take a look at another example. Can you measure the number of times John daydreams in an hour? No, because first, we don't know what daydreaming looks like. Many people seem very intent on what they are doing, but their thinking is miles away. Probably then, two people could not agree on when daydreaming occurred during that hour period.

What needs to be done is to define what John's "daydreaming" is — what specific behaviors does he exhibit? Once that is done, then John's behavior can be observed. For example, instead of saying that he daydreams, we could possibly define that daydreaming behavior as:

1. The number of times John looks away from his task.
2. The number of times John puts his head on the table.
3. The number of times John did not respond to his name being said.

Name: John Date: 10/4
Time observed: 10:00-10:15 (during pre-vocational task)
Definition of Behavior: Same as 1, 2, 3 above.
Tally: 1. / / / / / / 2. / 3. /
Total: 8
Observers name:

After a week John's tallies could be put on a chart. A chart is a visual aid which makes data easy to read and compare. After examining the data the teaching team may decide that John needs some incentive to keep on task. The team decides to reward John with some tokens for a certain amount of work completed. John can use the tokens to pay for some of his favorite activities during break time. The team can look at the chart for week two and compare it to week one (baseline data) to see if their incentive method worked for John.

Charting Behavioral Observations

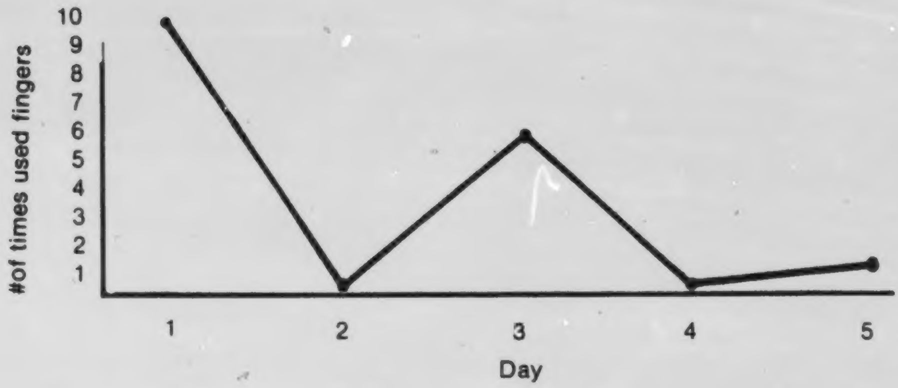
It is often helpful to make a chart or graph showing the frequency of a certain response you are trying to encourage or eliminate. Often you can make a note on the chart at the places you tried an intervention. Charting the behaviors make them visible and often it is easier to see the effects of the interventions you try.

Below is a chart of John's progress in not using his fingers.

Name: John Boyd

Week of: May 1-11, 1978

Behavior Observed: Using fingers to eat



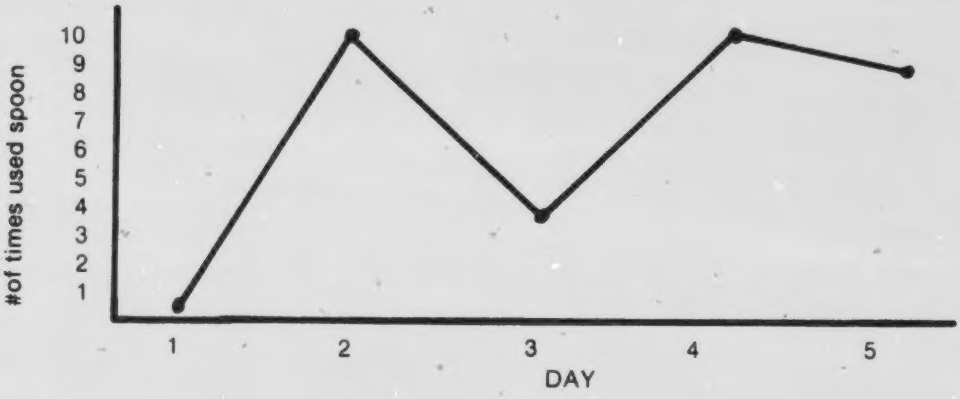
The chart above shows a declining line which indicates that there is less eating with fingers. (In review of Chapter 5, you are extinguishing a behavior by introducing an incompatible behavior: eating with a spoon. John can't usually hold a spoon and eat with his fingers — especially since you are making him sit on his other hand!)

This same situation can be charted by observing the increased frequency of a behavior you want to encourage, in this case the use of a spoon. Your line on the chart would be on the incline if you are having success. Notice this chart is simply the reverse of the "eating with fingers" chart.

Name: John Boyd

Week of: May 1-10, 1978

Behavior Observed: Eating with a spoon



Checklists

Another informal method of assessment that you and your teacher can use is a checklist. The list could include only skills in one area, for example language ability, or it could include skills from many areas. The teacher either observes a student to see which of the tasks she can perform, or designs a specific task to measure the skill. When a student performs one of the skills on the list, it is marked off. In mathematics for example, the teacher may wish to assess counting skills. Can Sharon count to 5, 10, 15, 20, 25? A simple checklist may look something like this:

Name: Sharon Observer: Sally M.

Skill: Counting

	Can do without error	Can do with mistakes	Can't do at all
1-5	X		
6-10	X		
11-15		X	
16-20			X
21-25			X

In this way, the teacher has another source of data regarding a student's strengths and weaknesses in one area or in several areas. This may take time to do, but it does give some additional information upon which to make program decisions. They can be used in different ways:

1. To convey information from one member of the educational team to others including parents.
2. To group children for instruction according to ability.
3. To be part of the permanent record to keep track of general progress in different areas.
4. To serve as a check of retention of what is learned, for example to see if a child remembers in May what was learned in October.

For example, an annual record of counting might look like this:

Skill: Counting Student: Steven

	without error				with some mistakes				can't do			
	74	75	76	77	74	75	76	77	74	75	76	77
1-5	X	X	X	X								
6-10			X	X					X	X		
11-15			X	X					X	X		
16-20							X	X	X	X		
21-25							X	X	X	X		

Checklists can be either specific or general. A general checklist might be used as a check of progress for permanent records. Or it might be used as a check of general competencies by a teacher when a child first comes to school.

	SEPT		JAN		MAY	
Name	Yes	No	Yes	No	Yes	No
throws a ball						
sits in a chair						
walks with support						
walks alone						
attains a standing position alone						
points to eyes, nose, hair on command						
catches a ball						
identifies pictures						
jumps up and down						
climbs stairs						
drinks from a cup						
opens a door						

A specific checklist includes a break-down of skills in one area:
Tasks: putting on socks
taking off socks

_____ 1. Child pulls sock off when it is just over his toes.

_____ 2. Child pulls sock off when it is placed at his midfoot.

_____ 3. Child pulls sock off when it is positioned at the heel.

_____ 4. Child pulls sock off when it is around the ankle.

_____ 5. Child removes sock independently.

_____ 6. Child pulls sock on from ankles.

_____ 7. Child pulls sock on from heel.

_____ 8. Child pulls sock on from midfoot.

_____ 9. Child pulls sock on from when it has been placed just over toe.

_____ 10. Child puts sock on independently.

0 denotes No competency (0-correct response)
1 denotes Moderate competency (1-3 correct responses of 10)
2 denotes Adequate competency (4-6 correct responses of 10)
3 denotes Complete competency (7-10 correct responses of 10)

Checklists as specific as this one are often valuable assessment tools for handicapped students. The topic of specific checklists will be discussed in more detail in the section "Task Analysis".

Anecdotal Records

Another way to keep records is to jot down information periodically. An anecdotal record is simply a few sentences describing a student's behavior. For example, while doing a lesson on name writing with Sarah, the IA observed that she was experiencing difficulty and made a short written report:

> October 12
>
> Sarah frowned and was restless throughout the lesson. Although she could make an "a" fairly accurately most of the time her "s" looked more like a line (⟍) and she had no idea of how to make an "r" or an "h". I held her hands to make these letters.

This record might include some samples of Sarah's attempts. Since the teacher was working with other children she could not observe what Sarah and the IA were doing. This report will be helpful to her in planning for Sarah in the future.

It is important to use clear, concise language in describing a behavior. You notice the IA did not simply write "Sarah had trouble writing her hame", she rather described what kind of trouble Sarah had in terms of specific observable behavior. She also described her own behavior in helping Sarah to write her name. It is good to be brief and simple yet include enough information for the anecdotal record to be meaningful. Often anecdotal notes are recorded in the plan book after a lesson. This is a form of evaluation of how the lesson went, but also a form of assessment of present behavior for future planning.

Interviewing or Information Sharing

Many people can serve as resources in informal testing. The ancillary school staff has been described in Chapter 2. Many of these school personnel can provide information about children to the educational team. For instance, the speech therapist may inform the teacher of certain speech problems that need attention. The speech therapist's assessment and objectives can be the basis of a language activity in the classroom. An optometrist may be able to provide the educational team with valuable information about visual problems of a certain child and offer suggestions about how they can be dealt with in the classroom. A physical therapist can convey information about her assessment of motor development to the educational team so that they can be aware, for example, of how best to position a child for various tasks or how much walking a child should attempt during the day.

As an IA you may be assigned the responsibility of getting students to other places such as the speech room or physical therapy room. If this is the case, you may serve as an important "go-between" in sharing information. The teacher may ask you to observe the child with the speech teacher or with other helping personnel to see how the child responds in a different environment or to observe techniques which can be used in the classroom.

The educational team may also want to share information with the ancillary staff. For example, information about a child's irregular movements or distinct language patterns would help the physical and speech therapists in working with the child. A vocational counselor may ask the educational team to do a fairly complete assessment of what a student can and cannot do.

Parents are another very important source of information. They can be interviewed or asked to observe their child performing certain tasks. Teachers appreciate knowing about a child's home activities. Parents can tell the teacher about circumstances at home which might be affecting their child's performance at school. Information gained may help the teacher in making program decisions. Parents can offer the educational team much information if the team is willing to listen to and be supportive of them.

Summary of Assessment

Assessment is the first step in the instructional process. Without adequate assessment information, the program manager would not have a guide to developing instructional objectives and programs. Although formal assessment procedures, such as IQ tests or adaptive behavior scales are used, the most relevant information usually comes from informal assessment, such as parent interviews and direct observations of students. Informal assessment is an on-going process in the classroom in which the program manager can continually evaluate, and if necessary, modify the objectives and program for students.

For assessment to be helpful it must be easy to administer, it must measure behaviors relevant to the educational program and it must lead directly to intervention efforts.

Performing assessment activities will be part of your instructional responsibilities. Your assistance may enable the teacher to assess each individual child with greater precision. However, it will take time for you to master assessment skills. Nobody gains these skills overnight or by just reading this instructional unit. With this instructional unit as a beginning, with the continued help of your teacher, and with continued practice, you will learn what kinds of assessment information are most important and how to obtain the information. Refining assessment skills and assessment activities are ongoing tasks for all members of the educational team.

Remember that the assessment process sets the stage for the rest of the instruction. If the child becomes bored or frustrated during the assessment portion of the instructional process, the following lessons may be less effective. And finally, the more the program manager knows about a child's learning style, social behavior, and interests, the better she can derive individualized plans and instructional strategies.

PROGRAMMING

Guidelines for Program Planning and Implementation

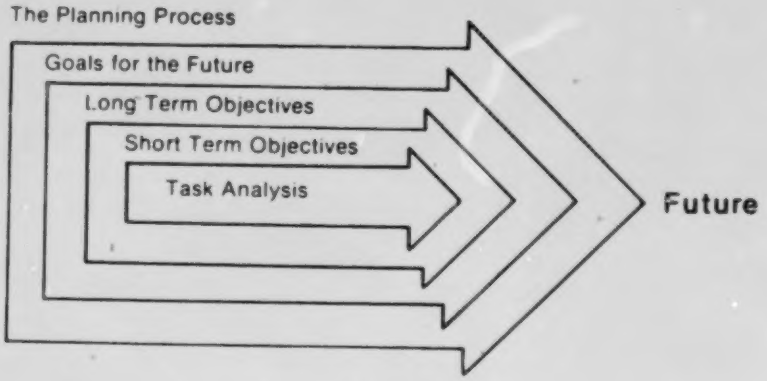
Plan for the Future—Plan for Independence

The function of education has usually been thought of as being a "preparation for the future". We teach students to assume an adult role in society. Education has exactly the same purpose for handicapped students. But, too often, these students have been stereotyped as being "incompetent", "unable to learn", or "totally dependent" human beings. As discussed in Chapter 2, when we expect this to be the case, we may simply give up trying to provide an education or fail to plan for growth. You may have heard teachers of severely or moderately handicapped children referred to as "custodial-workers" or "babysitters"; the implication being that these teachers do not teach because the children do not learn. In fact, nothing could be further from the truth. It is true that non-handicapped children are more able to learn things incidentally or without a teacher, simply by interacting with their environment. Teachers of handicapped children are more likely to have to work hard at teaching concepts or skills to these students because they may simply not pick it up or make progress on their own. However, all members of the educational team must realize that their students *do* have futures and they must work actively and constantly to help them learn.

Future options of students vary a great deal. The following are a range of characteristics found in all people. Independent adults living in the community would be more likely to be described by the concepts in the right-hand column. The right-hand column includes the characteristics we hope to encourage in handicapped students.

child— adult
dependent— independent
ignorant— informed
impulsive— in control
needs much supervision— needs no supervision
irresponsible— responsible
incapable— capable
decisions made for person— independent decision-maker
subjected to rules of others— participates in rule-making
receives care— offers care
has restrictions of movement— has freedom of movement
follows— initiates
few rights— many rights
non-productive— productive

Helping students move toward these independent characteristics becomes the foundation of a good educational program. When we set more limited goals we evaluate them in terms of how compatible they are with our goals for the future. Does the instructional strategy help the student become more independent, more capable, or more responsible? We begin to see the activities we plan for the classroom in terms of how they correspond to our general goals for students.



Make Learning Functional

One of the most common research findings about handicapped students is that they are less able to transfer what is learned in one situation to another situation. A typical student may learn to add by practicing problems in a workbook and then take this skill to a practical situation, such as buying penny candy in a store. Thus, typical students can apply the general adding skill to a variety of real life circumstances when adding is needed; they can generalize a specific learning to other similar situations. Because handicapped students may be less likely to accomplish this transfer of learning, it is necessary to provide "school experiences" which are closely related to "real world experiences". It is necessary to work with real money, rulers, measuring cups and travel real distances to help students develop a functional skill or knowledge. The instructional team cannot simply use a first grade math book to teach retarded teenagers needed math skills which they are now ready to learn. The team needs to observe the real situations in which these skills will be used and try to simulate them in the classroom. They can make the "world the classroom" by taking students to stores, on buses, or to workshops where the "real skills" are used.

Another aspect of "functional" teaching is to broaden the perspectives of what "school learning" consists of. Often we conceive of school learning narrowly as being reading, writing and arithmetic. Actually, many handicapped people will never be able to learn even the rudiments of these skills. But they can learn! They can learn, for example, to walk, to wash their clothes, go to the store by themselves, engage in steady exercise to keep in shape, keep track of time in some manner and keep to a schedule. Many can learn what pieces of money are appropriate for certain items, how their bodies work, and how to ask others for help when they need it.

There are so many things which retarded students can learn to make their lives go more smoothly (or to lessen the efforts of others responsible for providing care) that there is little excuse for not teaching things which can become immediately functional.

Provide for Practice and Repetition

For learning to be functional the students will need to immediately begin using new skills in real life situations. This is one of the reasons that home/school coordination is so important. When students begin to learn to make a bed in school, for example, the parents should be informed so they can encourage the students to do it at home. Making beds is a natural part of the home routine. Parents need counseling to accept and reward the student's initial efforts at new tasks and to make them stick with them. Usually it is more work to have the student do things than for either the team, or parents, do it by themselves. But practice is needed to improve skills, and assuming the responsibility for more and more functions around home and school is necessary if the student is to grow toward independence.

Provide Stimulating Experiences

Providing a stimulating environment is important regardless of the functioning level of students being taught. Providing experiences for practice and repetition is important to ensure that something is really learned, but these repetitions must be presented in a variety of ways so that school does not become monotonous. Finding materials, equipment and activities that stimulate motivation in students is a constant job of the instructional team. Motivated students achieve more because they commit themselves fully to the learning process. There are a number of ways teachers vary activities to maintain interest and provide for efficient learning.

1. Teach to the interests and tastes of students.
   If students like auto racing or horses teach them communication skills with pictures of those interests. Teach fine motor skills by letting them cut racing cars or horses out of magazines.
2. Make use of a variety of modalities in activities.
   Use slides (visual), minature villages (manipulative, kinesthetic), puzzles, flash cards (visual), chalk boards, guessing games (oral language), slide-tape (visual-auditory), copying (written language) to teach the important words (like danger, caution, exit, or men's room,) to students.

3. Plan so that there is a good deal of variation in the daily schedule.
   - a. Have a quiet activity follow a noisy, active one.
   - b. Have a group activity then an individualized learning session.
   - c. Follow an activity using primarily one modality with one of a different nature, for example, first a listening experience, then a motor/active whole group experience.
   - d. Have an outside session between two "sitting" sessions.
   - e. Intersperse frequent field trips to break school routine.
4. Encourage student-initiated projects or conversations.
5. Bring people into the school who have information or skills to share with the students. Parents and employers are frequently willing to help.
6. Try to make use of all available school and non-school facilities where learning could take place, for example:

   School: kitchen, hallway, gym, unused resource rooms, shops, lavatories

   Non-School: buses, stores, hospitals, doctor's offices, Planned Parenthood Clinics, nursery schools, swimming pools, parks.

Teach to Strengths and Weaknesses

Assessment procedures will reveal profiles of students which are made up of some strong areas and some weak areas of competency. Time will need to be spent in the learning environment with areas where students are particularly weak. For example, a child with a physical disability may need to spend a couple of hours a day working on mobility skills. Another student who is non-verbal may need to spend more time working on gestural or conversation board communication skills. It is important for the instructional team to make a special effort to help students overcome weaknesses, blocks, or special problems. Sometimes weaknesses in one area may affect many other areas where the student is competent. For example, a student unable to control her temper may not be able to work in a workshop even though she would be able to perform all the workshop tasks. A student who is unable to understand adding in paying for items bought may be unable to go shopping alone even though she is capable of going to the store, selecting food, and communicating with the cashier by herself. Therefore the instructional team would attempt to help her gain the ability to use money in shopping, so that her other skills may be used.

It is also important to help children develop particular strengths. Special strengths in some areas may help a student compensate for lacks in other areas. For example, a student with the ability to tell time in a classroom or workshop may take on a "minor executive role" in keeping others who can't tell time, on schedule. Another student with reading skills can read messages to others. Students can assume complementary roles in a group situation and "share" their competencies. Another reason to develop strengths is to give students a sense of worth or adequacy. A student with good motor abilities might learn a sport and compete well for her school in Special Olympics. This accomplishment may give the student a sense of pride that will make her feel good about herself even though she may be less competent than her classmates in other areas.

Make all Situations Learning Opportunities

With typical students, teachers mainly concentrate their efforts on given periods of the day when the students are working on specific subject matter. With the handicapped the instructional team may find that the transition times, or the times between actual lessons or activities, are just as important for learning. Teaching students to clean-up after themselves, take care of their needs efficiently during breaktimes, and to go independently to the lunchroom or bus after school are all important learnings for students.

Get Students to Work Together

Often education is perceived of as being a lonely, isolated project; students are supposed to work by themselves in accomplishing certain tasks. A few teachers may feel that students "cheat" or become dependent on each other to complete tasks if they allow them to work together, but working on joint projects is necessary for the handicapped. They need to learn how to interact with others in a positive, productive way. Most jobs require a good deal of social interaction and handicapped students need experience in working with others. The instructional team can help them work out problems and provide them with opportunities to practice social skills.

Steps in Program Planning

Once assessment information has been obtained, the educational team must develop learning activities for students following the guidelines just discussed. To provide effective learning activities for handicapped children, the educational team must accomplish the following steps:

1. Devise Long Range Objectives
2. Devise Short Range Objectives
3. Conduct Task Analysis
4. Devise and Implement Lessons
5. Evaluate Lessons

Long Range Objectives

After assessment information has been gathered about functioning levels in a variety of areas, the program manager can begin to project what the students need to learn during the school year. She will want to make sure that each child receives instruction at the appropriate level. Therefore assessment results will be carefully studied in order to determine a starting point for each child. She also needs to study the child's rate of progress in the past so that some judgement can be made about what the child will be able to achieve during the year. These decisions concern making "long term objectives" or "long range goals". They give the instructional team a general framework upon which the necessary daily decisions can be based. These long range objectives are statements which describe in a general way the educational goals for each child.

In Chapter 2 you learned that all children in special education programs are required by the Education for all Handicapped Act of 1975 (PL 94-142) to have an IEP (Individualized Education Program). This IEP is a written statement developed in a meeting, usually called a case conference, of those who will provide the services (school personnel) and those who will consume the services (parent or child). The statement should include:

1. child's present level of educational performance,
2. annual goals,
3. specific educational services to be provided,
4. the projected date for initiating and terminating services, and
5. evaluation procedures to determine if the instructional objectives are being met.

These statements of long-term objectives, or IEP, should be agreed upon by both instructor and consumer (parents and students). Parental involvement and input is encouraged in setting educational goals.

The IEP sets out *only* goal statements which specify desired end-state behaviors, leaving behaviorally specific objectives and the time table to be developed by the teacher and ancillary staff who are in direct contact with the students.

Example goal statements:

Carrie will increase on-task, in-seat behavior.
Patrick will begin to read safety and convenience signs.
Jimmie will walk to the lunchroom and get his tray by himself.
Arnie will learn sign language songs.
Amanda will propel her wheelchair between the classrooms by herself.
Jeffrey will use utencils correctly during meals.
Martha will attend to wiping her chin when she drools without prompting.
Lucy will learn to cook simple foods like hamburgers, hot dogs, frozen pizza, and TV dinners without help.
Michael will learn to say his address and phone number.
Doris will sit up by herself.

An example IEP includes:

What?	When or how long?	Under what Conditions?	What equipment or materials?	Extent or degree of accuracy?	Judged how?	Special features
Concern: Behavior problems; Goal statements:						
Concern: Academics Goal statements:						
Concern: Self-help Goal statements:						

As a member of the educational team you may be asked to attend a case conference for a child in your class with your teacher. Even if you do not attend the teacher will probably need your input in helping to plan for the child. If you are a new instructional associate, you will need to learn what kinds of information help the teacher write appropriate long-range objectives. Like all other matters, gaining skills related to developing and implementing long-range objectives is not an overnight process. ASSIST will help you begin the process. If you are a highly trained or experienced instructional associate, you may even agree to help the teacher by writing long-range goals for some children. The particular role you play will depend on decisions made by your team on these issues.

A particular student may have any number of long-range objectives. Every student and every school is different, and so the number and type of educational goals for any individual student will depend on 1) the student's own unique characteristics and needs, and on 2) the type and amount of resources available to the program manager. It is important to be realistic. The program manager selects only the number of long-range educational objectives which can be accomplished during one semester or one school year. The number of students in a classroom, the educational arrangement, and the number and kind of resources available will make a difference when deciding how many long-range objectives to plan. For example, if the program manager has 12 students in the classroom, only a limited number of resources, and only one instructional associate, then obviously fewer educational objectives will be determined for each student. On the other hand, if the program manager has 10 students, one or more instructional associates, and a variety of other resource persons both in and out of school, a larger number of objectives can be realistically generated for each student.

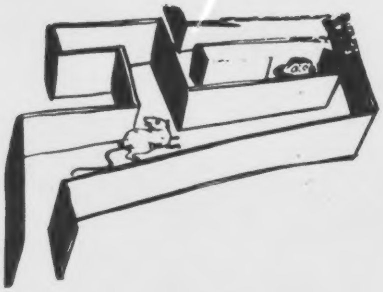
What if a particular student needs many changes in behavior? The program manager may have selected many long-range objectives. The list of objectives may include too many behaviors to work on at one time. It then becomes necessary for the program manager to set some priorities. Which behaviors are the most important ones to change for this student at this time? Using her best judgment, the program manager must select the most crucial behaviors. The remainder of the long-range objectives are not forgotten, but only postponed until the student has nearly completed or completed the ones first chosen.

The decision-making process of determining and selecting appropriate long-range objectives for each student is a difficult and time-consuming one. You may ask yourself, why bother? Why does the program manager spend so much time and energy at the beginning of the year assessing each student and developing objectives?

Long-range objectives give the program manager and other members of the instructional team a general direction, a goal toward which the student can be directed. A quote from *Alice's Adventures in Wonderland* may help to illustrate and clarify the importance of educational objectives:

"Cheshire Puss," she began, ... "would you tell me, please, which way I ought to go from here?" "That depends a good deal on where you want to get to," said the Cat. "I don't much care where—" said Alice. "Then it doesn't matter which way to go," said the Cat.*

Without knowing where you are attempting to go, you never know if and when you get there. The same is true for the educational process — without knowing what the instruction is attempting to do, little can be said about what, if anything was accomplished. Long-range objectives, therefore, provide a direction and an order to the efforts of the program manager and other members of the instructional team. Long-range objectives provide all interested people with a general guide to follow for the school year.



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*Lewis Carrol *Alice's Adventures in Wonderland.* New York, New York Random House, Inc. 1948 pp. 71-72.

In your classroom, the teacher may have access to certain curriculum guides or curricular programs which include a series of long-range objectives as a part of the package. These long-range objectives are common goals for exceptional children. Indeed, these prewritten goals can save the teacher much time and effort and be a source of many valuable ideas. Assessment of the individual and planning are still very necessary, however, to ensure that any prewritten long-range objectives are appropriate for the individual student.

Summary

Long-range objectives are statements describing the ideals you are aiming for over the period of a school year. These broad general statements provide the instructional team with a guide or direction for each student's educational program. However, they do not spell out specific attainable or measurable achievement. Objectives which cover an entire school year or one semester give all interested people knowledge of what is expected of the student by the end of the term. Therefore, long-range objectives provide the program manager with a framework upon which daily instructional decisions can be based.

Short Range Objectives

The instructional process so far has dealt with assessment of each student, and development of long-range objectives. Formal and informal assessment provide the basis for goals or long-range objectives. Since long-range objectives are stated in general terms, the program manager must next decide how the objectives will be reached. This procedure involves breaking down the goal into small reasonable steps. These steps are specific behaviors which will eventually terminate in the student performing the long-range objective. These smaller, specific behaviors are called short-range objectives.

Short-range objectives are usually stated in very specific terms and inform the instructional team what steps to take "behaviorally" to reach a goal. That is why short-term objectives are sometimes called "behavioral objectives."

As the instructional associate, it is important for you to thoroughly understand each student's short-range objectives. You should be aware of what has already been taught to the student and what is currently being taught. With this information, it is important to know what the next step will be in teaching. Since you already know about long-range objectives and how they are developed, you can provide valuable instruction to the students by having knowledge of their short-term objectives and how they are developed. You will also be able to provide better feedback to the teacher regarding the short-range objectives she devises.

If you are a new instructional associate, the procedures involved in developing short-range objectives will probably seem confusing. It will take some time to learn to write short-range objectives properly and to understand the different parts of short-range objectives. In fact, in most cases the teacher will take sole responsibility for this task. In a few cases, if you are a highly trained or highly experienced instructional associate, you may be asked by the teacher to assist her in writing short-range objectives. This should be a professional goal for you to consider.

WRITING SHORT RANGE OBJECTIVES

You will recall that long-range objectives or goals are statements that propose desired and valued competencies, states of being, and/or general skill levels. Goals or long-range objectives represent and lend direction to the short-range objectives within an educational program.

This is a goal:

- to develop open-mindedness and curiosity as an effective and independent learner — in or out of school.

Did you notice that the goal is rather general? In contrast, you will learn that behavioral objectives are much more specific and precise. Short-range objectives help you to move in the direction of goals. Behavioral objective statements are specific and define some result which is *attainable* and *measurable*.

Remember that behavior is acting — a way of doing something. In order to test whether desired behavior has occurred, you as the instructional associate and the program manager must be able to see something happen. So, behavior is observable and measurable. To know whether the learner's behavior has changed after the instructional unit has been presented, an objective is stated in observable terms, defining specifically what behavior is to be the product of the instruction.

Deciding on a specific, observable behavior is only one part in writing comprehensive short-range objectives, however. The program manager must communicate with other members of the instructional team — often including parents — exactly what is expected of the student in very precise and specific statements. These statements must include three major components:

1. the *behavior* — A description of exactly what will be expected of the student upon completion of the specific educational program.
2. the *conditions* — A statement of the circumstances under which the behavior is to be observed and the materials to be used.
3. the *criterion* — A statement of how and to what extent the behavior is to be evaluated.

An instructional objective describes the final outcome of instruction in terms of observable behavior. Below is an example of a short-range objective which has the three component parts.

This short range objective contains 3 components which can be separated as in the following table:

Conditions	*Behavior*	*Criteria*
When given a jar of 15 colored marbles	Kathy will be able to pick out the 3 yellow marbles	Without mistake

Remember that a comprehensive short-range objective contains three critical components. They are 1) the behavior, 2) the conditions, and 3) the criteria

It is essential to remain flexible when making decisions using short-range objectives. Remember the importance of adaptation. Perhaps, Kathy could not satisfy the objective as written but could complete the task if the jar contained red and yellow marbles only.

Other examples of short term or behavioral objectives are:

Carrie will sit in her seat, and will sort the pegs (5 red, 5 blue, 5 yellow) according to color for 5 minutes each day this week.

Patrick will read "danger" and "caution" correctly each time the flash card is presented during reading by Friday.

Jimmie will wash and dry his hands without prompting before he leaves for lunch on Thursday.

Amanda will steer and propel her wheelchair by herself from room 1 to room 6 when she goes to art this month.

Jeffrey will eat with a spoon 100% of the time without prompting by Nov. 9.

Below are some common verbs useful for writing goals and objectives.

VERBS APPROPRIATE TO GOALS:

1. To understand
2. To know
3. To enjoy
4. To believe
5. To really understand
6. To grasp significance of
7. To learn

VERBS APPROPRIATE TO OBJECTIVE:

1. To write
2. To identify
3. To tell about
4. To match
5. To perform
6. To verbalize
7. To count

Like long-range objectives, many curriculum guides and curricular programs include sets of short-range objectives for each long-range objective in the program. These prewritten objectives can certainly save the teacher much time and are a source of ideas. However, in general, most of these programs only include the behavioral component when listing short-range objectives. To make the short-range objective comprehensive, the conditions and criteria appropriate to the school and the student need to be added.

Like long-range objectives, behavioral objectives are required by PL 94-142. At this point, however, many teachers are having difficulty finding the time to write adequate sets of short-range objectives for each student. Many teachers feel fortunate if they can find the time to write the behavioral component only. Your assistance to the teacher will hopefully help her find more time to devise appropriate short-range objectives for each student and thereby make it easier for her to fulfill the obligations of the Education for All Handicapped Act.

Task Analysis

Even though every attempt is made to insure that a short range objective is appropriate for a child's educational needs and skill level, sometimes the handicapped child still cannot complete the objective. When this happens, it is necessary for the educational team to take a closer look at the short range objective. The short range objective may be more complex than we think. Many times, behaviors which we as adults consider simple and routine are really complex combinations of many smaller behaviors which incorporate the use of senses, thoughts, and motor activities. For example, adults brush their teeth daily. We have completed this task so often over the years, we now give little thought to what is actually involved in this behavior. However, upon further inspection what we as adults consider to be a simple behavior could involve the following sub-tasks:

1. Turn on cold water
2. Place tube of toothpaste in nondominant hand
3. Unscrew cap of toothpaste
4. Place cap of toothpaste on sink

5. Pick up toothbrush
6. Wet toothbrush
7. Squeeze toothpaste on toothbrush
8. Place toothpaste on sink
9. Put toothbrush in mouth
10. Brush up and down on front portion of teeth
11. Brush up and down on left portion of teeth
12. Brush up and down on right portion of teeth
13. Brush top of lower left teeth
14. Brush top of lower right teeth
15. Brush bottom of upper left teeth
16. Brush bottom of upper right teeth
17. Brush behind lower teeth
18. Brush behind upper teeth
19. Spit toothpaste in sink
20. Rinse toothbrush
21. Return toothbrush to holder
22. Pick up glass
23. Fill glass with water
24. Put water in mouth
25. Rinse mouth with water
26. Spit out water
27. Pour out remaining water from glass
28. Return glass to holder
29. Pick up toothpaste with nondominant hand
30. Screw on cap of toothpaste
31. Return toothpaste to proper location
32. Pick up towel
33. Wipe mouth
34. Return towel to proper place

What seemed to us originally as being a simple and routine life skill is really a rather complex behavior made up of 34 small behaviors that take place in particular sequence. The skills involved in this task are various fine motor skills and the cognitive skill of sequencing. To accomplish the objective of brushing teeth, a person must be able to perform each sub-task in the correct order.

As an assessment tool, the analysis of a specific behavior into its component parts provides the members of the instructional team with a checklist of the smaller behaviors. Any member of the instructional team can then assess whether the student can or cannot perform each sub-task and how much, if any, assistance is needed by the student to perform each of the sub-tasks. If the student can perform some but not all sub-tasks in a specific behavior, the student then is incapable at this point of performing the total task. Instruction then only needs to be provided in the sub-skills which the student cannot perform. When the missing sub-tasks have been learned and combined with the skills the student already has, the behavioral or short-range objectives can then be performed.

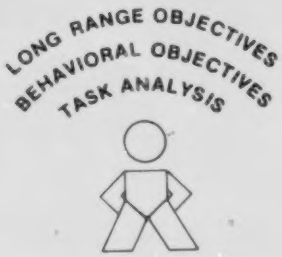
Task analysis does two things:

1. Task analysis assures that the steps used to teach an objective are effective and correctly sequenced.
2. Task analysis provides the program manager with a method for "digging deeper" to find the sources of a student's problems.

Task analysis is important when a student cannot complete an objective even though every attempt has been made to ensure that the objective was appropriate for the child.

Lesson Plans

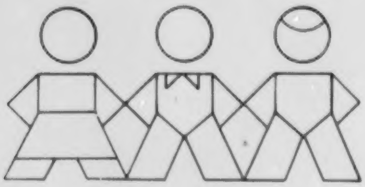
You have gained much knowledge in specific components of the instructional process: assessment, long and short range objectives and task analysis in addition to classroom behavioral management strategies. You realize that the instructional process flows from one component to the next and that each component is dependent upon the others. Much information about the students and their educational programs has been collected, but so far the *Sourcebook* has been focused on planning for each student separately. We could call this procedure of planning at each level progressing from the most comprehensive (planning for the future) to the most specific (task analysis) "vertical planning". It consists of refining plans for the individual into very specific, teachable units.



The importance of planning for each individual separately cannot be overemphasized. But the instructional team usually cannot teach each child one at a time. There may be 5 to 15 students in the classroom with one teacher and one instructional associate. At some point the teacher will have to do some "horizontal planning" and consider all the individual plans and the programming alternatives available and merge them into a general plan for all students. This is generally done in the format of a lesson plan. Developing effective lesson plans may be one of the most important tasks of the teacher in her role as program manager.

LESSON PLANS

Planning for all Students



If you are a new instructional associate, your teacher will probably produce all lesson plans. It may be that if you are highly trained or experienced, you will assist the teacher in this effort. This is another professional goal for your team to consider. In either case you will need to work with the teacher to thoroughly understand the lesson plans in order to implement them effectively.

Lesson plans are written descriptions of the day to day instructional activities produced to meet the classroom objectives. The format of a lesson plan and the components to be included vary from one school system to another. In general, a lesson plan does have these features:

1. It provides a *schedule* or sequence of activities.
2. It provides a *guide of classroom management strategies* to be employed.
3. It provides a *statement of objectives* for each activity conducted in the classroom.
4. It provides a *means of review* of the success of activities.

And, a lesson plan fulfills these functions:

1. It is a behavior guide for the instructional team.
2. It may be used as a check of what is happening in the classroom by the school administration. (Many schools require that the principal review the lesson plans of each teacher on a regular basis).
3. It provides a substitute teacher with specific information about what is to take place during the day so that consistency in programming can be maintained in the teacher's absence.
4. It can be used as a long-term recordkeeping device. The instructional team can refer to past lesson plans to check, for example, student progress or variety in programming. As such, it can be helpful in student, teacher and program evaluation.
5. It can be used as a source of ideas for future planning or as a guide in designing an educational program for an individual in developing long range objectives.
6. It can be used for demonstration purposes, perhaps in explaining a program to parents of a potential student or in introducing the education program to a new instructional associate or student teacher.

Although lesson plans vary according to how specific and detailed the planning is, they usually include these components:

1. Area of activity
2. Description of activity
3. Length of activity (time begun, time ended)
4. Prerequisite skills needed.
5. Short and long range objectives
6. Materials and strategies used.
7. How instructional team is to be involved.
8. How students are to be grouped.
9. Evaluation.

For example, a teacher might write a section of the lesson plan as follows:

Area of Activity:	Pre-vocational sorting task
Description:	Sorting 3 different sized screws into 3 boxes.
Duration:	9:30-10:00 AM (daily from March 15 to 19)
Prerequisities:	Ability to discriminate sizes, sort objects in separate containers, sit for 1/2 hour.
Objectives:	Have a work shop related experience designed to increase on-task behavior, fine motor and discrimination skills.
Strategies:	6 sets of 120 mixed screws and 6 sets of boxes with appropriate sized screws taped to them. Model task and give directions to students on Monday. Provide a check in notebook for each set of screws correctly sorted. Every check in notebook receives 10¢ to be paid on Friday.
Staffing:	Marion (IA) supervise activity.
Grouping:	Jack, Paula, Phyllis, David, Ken and Bobby will participate.
Evaluation:	All six students successfully sorted the screws and were pleased to receive their "pay check" on Friday — to be used at the bowling alley.

A typical lesson plan might be in calendar schedule form and look like this:

	Mon.	Tues.	Wed.	Thurs.	Fri.
9-10	Activity Objective Material				
10-11					
11-12					
12-1	12-12:30 LUNCH 12:30-1:00 SOCIAL (free choice games)				
1-2					
2-3					

When conceptualizing a lesson plan, the program manager bases instructional planning upon learning and instructional objectives designed to fulfill individual student needs. It is necessary to know what the student already knows. Thus, prerequisite skills are another common component of a lesson plan.

The teacher writes all relevant information in the time spaces.

Another frequently used format is to have a general daily schedule in conjunction with notebooks or index card files on each curricular area arranged in a sequence. The instructional team would simply pull the card or look in the notebook for each activity for an individual, small group or whole class. This is efficient because plans are often reusable. Each set of cards follows a developmental sequence which can be used for many students.

Sample Daily Schedule

8:00- 8:45	Arrival/Self Help/Socializing
8:45- 9:15	Pre-vocational
9:15-10:00	Language
10:00-10:15	Break
10:15-10:45	Health
10:45-11:15	Money, Time and Number Concepts
11:15-12:00	Large Motor/Physical Development (Mon.-Art, Wed.-Music)
12:00-12:30	Lunch
12:30- 1:00	Leisure/Recreation
1:00- 1:30	Cooking and Home Care
1:30- 2:15	Pre-vocational
2:15- 2:45	Self-Understanding/Social Living
2:45- 3:00	Self Help — Dismissal

Sample Activity Plan

Health-Tues, March 15, 10:15-10:45

Students: Tommy, Frank, Sharon, Shelly
Long-range Objective: Know importance of good diet
Short-range Objective: Distinguish 4 food groups
Prerequisite Skills: Identify pictures of a variety of foods, count to 4, associate, and categorize, point or pronounce names of foods, memory
Length of Lesson: 30 minutes

Sequence of Activities	Materials	Strategies
1. Ask student to name some foods that build a strong body.	Felt-tip pen, paper or chalk & chalkboard.	Encourage by asking for foods she ate at breakfast, lunch, etc.
2. Ask student to place his list of foods just named into 4 categories of foods.	Food group chart, felt-tip pen, paper.	praise
3. Find 2 pictures of foods representing each food groups.	Magazines, scissors	praise
4. Ask students to name 3 fruits, 3 meats, 3 vegetables, 3 dairy products.	Felt-tip pen, paper, or chalk and chalkboard.	Encourage by giving hints and descriptions of favorite ones.
5. Make a health notebook using the pictures in actiity #4.	Folder, paste or tape, pictures.	Praise and reward by grade, free time, display, etc.

A variety of activities, resources, and techniques for instruction is necessary to reach the short-range objectives. It is also necessary to sequence the materials to be used in order to comply with the short-range objectives. The sequence of activities that make up the lesson can involve many activities spread over a long time interval or few activities spread over a short time interval. Your teacher may develop a very short "diagnostic" lesson to assess one child's skill on a particular task based upon one short-range objective and one activity. For example, given the short-range objective: The student will be able to listen to a pre-recorded story on a cassette recorder without leaving her seat, the lesson plan would consist of that one activity using the described materials alone. On the other hand, the teacher may construct very lengthy "unit" plans which may cover a week, a month, or longer for a large group of children. For example, she may devise a science unit plan about plants and animals. This lesson may encompass many short-range objectives, the use of many different materials, the coordination of different people to implement the activities, and a lengthy series of activities designed to meet the different needs of individual students. It is usually helpful, therefore, to state the length of the lesson as a part of the lesson plan. More than one activity can be used to accomplish the same short-range objective. For instance, if the program manager developed a short-range objective concerned with following directions, she could engage the student in "follow the leader" or "Simon says." As many activities can accomplish the same objective, the same activity can accomplish many objectives. The same activities can also be modified slightly to meet the needs of students at different skill levels. The number of activities to reach a certain objective and the number of activities that can be reached by any one activity is limited only by the imagination of the members of the instructional team.

Evaluation

Evaluation may be considered the final step in the instructional process. It also indicates a point where a new lesson will begin. By now you are aware of how each step in the process depends on, or is related to, the steps before it. Short-range objectives are derived from long-range objectives or goals. Long-range objectives are determined from information gained at the assessment stage. Sometimes evaluation and assessment merge into being the same process: our final evaluation becomes a baseline assessment for initiating new intervention plans. Thus, we have come a full circle and are ready to begin again.

Like most of the other components of the instructional process, evaluation activities are a part of our daily lives. In fact, they are so much a part of our everyday life that we usually take evaluation for granted. For example, we evaluate or judge movies we see, music we hear, and the books we read. We make snap judgments about other persons based upon our first impressions of them. People talk about "love at first sight" or about a particular person who "turned them off" right when they first met. The point is we may not give much conscious thought to our judgments or evaluations. We are usually not even aware of our evaluations until someone asks us our opinion, or makes a comment about something.

Evaluation has two aspects. One is evaluation while instruction is taking place which is referred to as on-going evalution. The other aspect of evaluation takes place after the instruction is completed, and is called final evaluation.

On-Going Evaluation

Any instructional activity should continually be evaluated while the activity is in progress. The educational team members should evaluate what is being said, what is being done, how the activities and materials are working, and how they effect the student's performance on a given task. This means that you must be flexible and ready to change the nature of the lesson at any time to assist the student in reaching the stated objective.

If you are in the process of teaching a lesson and you notice that the students are not responding as you had hoped, then you should ask yourself about the reason for the lack of success. Evaluation during the lesson involves judgments about how well the activities and materials are working, judgments about a student's response, and even judgments about how you and the program manager are doing. These combined evaluations during an instructional activity will provide you with the opportunity to make changes as the lesson is occurring and thereby help the students reach their objectives.

Final Evaluation

Once the lesson has ended, you must take the time to evaluate in a systematic manner what happened during the lesson. Evaluation of a completed lesson is a more formal process. It has a direct relationship to what may be taught next and how you will go about teaching it. When the student meets the criteria set in the objective then the program manager can determine the next instructional objective. If the student did not reach the criteria, you should provide the program manager with this information. It could be that the objective was inappropriate. If the student has not progressed at all over time, or if you are still providing too much assistance, then there may be a need to re-examine the objective. Perhaps the skill needs to be broken down into even more discrete steps for teaching.

Final evaluation consists of asking yourself a series of questions pertaining to yourself, the students and the materials. The amount of time you spend in evaluation, sharing information with your teacher, and recording results in writing will depend, as always, on your school situation. Whenever possible, some time during the school day should be used for discussing what activities worked, what activities didn't work, and why.

Final evaluation is often used to report on student status at periodic intervals. Most IEPs require a formal evaluatory statement about whether the goals had been achieved at the end of the agreed-upon period. Report cards are a way of communicating an evaluation of student's behavior and progress to parents. Often school systems require the teacher to make periodic evaluations in a cumulative record. Another form of final evaluation that occurs at more frequent intervals is some statement about whether the goals had been met on the lesson plan.

Three different levels of the instructional process can be focused on in evaluation:

1. Program
2. Pupil
3. Instructional Team

Program Evaluation

Evaluation of program will involve examining the materials, equipment, schedules, objectives, and activities. All of these areas require on-going and final examination. On-going evaluation will result in daily reshuffling of many aspects of the program to arrive at *the* optimum program for the students in the class. Final evaluation may result in major program decisions such as a need to change rooms or buy new materials or equipment. When evaluating the program these are some of the questions that might be asked:

Are the materials attractive and stimulating?
Are the materials appropriate for the students?
Are the activities meaningful?

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Was the objective realistic?
Was the goal achieved?
Was enough time given to complete the task?
Did pupils attend to the lesson?
Were there distractions that interfered with learning?

Note the place for evaluation on the sample lesson plan. Sample forms for evaluating materials and activities are included at the end of the Unit.

Pupil Evaluation

Evaluation focused on the student will involve such things as rate of progress, best learning modalities and what rewards are most reinforcing. On-going evaluation is important to keep track of what is happening to the student and discover what needs to be changed for most successful learning. Final evaluation will be done for the cumulative file, for the IEP or for reports to parents. The IA and program manager will probably spend a good deal of time in both on-going and final evaluation of the students. When evaluating students these are some of the questions that can be asked:

Which rewards work best for this student?
Has the student progressed in all areas?
Is the student becoming more independent?
Is the student using her learnings in all relevant situations?
Does the student seem happy and comfortable in the program?
Does the student work well with others?
Does the student express feelings and opinions?

Instructional Team Evaluation

Everyone likes to know how they are performing in their job. Both teacher and IA will want to know about their effectiveness and examine ways of becoming more effective. It is difficult to evaluate yourself. Your teacher may request that you observe her to give her feedback on her effectiveness. She may also observe you while you are teaching. When you first begin teaching this may seem somewhat frightening. Very few of us like to be watched, but if it is done with the right attitude, it will help prevent inappropriate habits from forming. These are some typical questions to ask about your behavior to evaluate yourself:

Did I communicate with all students?
Do I reward at the right time and in the right way?
Did I present the materials clearly and enthusiastically?

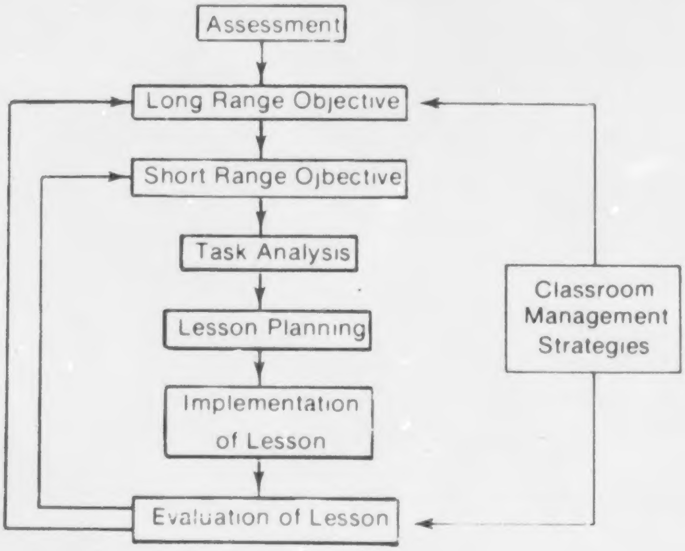
Did I sequence activities efficiently?
Do I talk too much?
Was I prepared for the lesson?
Did I provide appropriate physical or verbal cues?
Do I vary procedures to maintain interest?
Am I being impartial to the students?
Was I consistent in dealing with behaviors?

Remember, your behavior and enthusiasm have an effect on the students and the effectiveness of the lessons.

Summary of Evaluation

Evaluation is a systematic process which provides the instructional team with information for future instructional programs. After you have evaluated the lesson, modifications in materials, activities, rewards and cues can be made. Possible modification in program objectives may also result from lesson evaluation. While evaluation is the last step in the process, it really begins the process over again. The evaluation information feeds back into long range and/or short range objectives at which point the program managers again begin to plan for the future instructional needs. Below is a diagram which indicates how evaluation of lessons gives the program manager information to use in the development or modification of a student's long and short term objectives.

Relationship of Evaluation to Program Planning



If the instructional process from assessment to evaluation is to be effective, it requires the involvement and cooperative effort of you and your teacher. Your teacher has the major responsibilities for the development and evaluation of the learning programs of the children. As an instructional associate you are a major resource to her. Your knowledge of assessment procedures, instructional objectives and program planning, and your skills in observation, planning and evaluation make you a valued and needed person in the classroom.

ROLES IN THE INSTRUCTIONAL PROCESS

You have learned that your teacher as the program manager has four major responsibilities. You will recall that these responsibilities are:

1. Assessing the developmental level of each child.
2. Developing instructional objectives for each child.
3. Coordinating personnel to assist in reaching these objectives.
4. Evaluating the programs.

You also learned that your role as an instructional associate was to assist your teacher in this process by assisting in the:

1. Assessment of the children's skills.
2. Implementation of instructional objectives.
3. Implementation of instructional activities.
4. Evaluation of instructional activities.

If it is to be effective, the instructional process requires both you and your teacher working together in a partnership. You have individual responsibilities as the instructional associate just as your teacher as the program manager has different responsibilities. It should be remembered, however, that together you form a powerful team. To function well as an effective team you both must work toward a common objective. That objective is to provide appropriate learning experiences for the children. In order to reach your common objective, you must mutually communicate with one another. It also means that you both must discuss the specific roles which each of you hold in the classroom. Open, honest communication and mutual sharing of ideas will help your partnership grow. Your personal and professional relationship is important to consider. If your partnership is a good one, you will be more likely to maximize the effects of instruction for your students.

On the following pages there is a diagram of the ASSIST orientation to the instructional process. It identifies the five major steps in the instructional process and the component parts of each of the steps. It also specifies the individual functions of the teacher as program manager at each step. Your individual functions will depend upon the decisions made by you and the teacher as you progress through the Inservice Units. Those decisions will be influenced by your experience, previous training, and particular circumstances of your school.

Study this diagram carefully. Refer to it often as you proceed through the remainder of the instructional units. By the end of your training, you should know what role you play in each step.

Role of Program Manager	*Instructional Process*
1. Assessment of developmental level of each child in the motor, communication, social, personal autonomy, functional academic and home and community living domains	Assessment skill 1.1 Formal Assessment skill 1.2 Informal Assessment skill 1.21 Teacher Assessment of Developmental level skill 1.22 Parent Information skill 1.23 Direct Observation
2. Development of instructional objectives & programs	Program Planning skill 2.1 Development of Long-Range Objectives skill 2.2 Development of Short-Range Objectives skill 2.3 Task Analysis
3. Coordination & planning with personnel to reach above objectives	Implementation of Lessons skill 3.1 Ecological Strategies skill 3.2 Behavior Strategies skill 3.3 Instructional Strategies (Other) Planning of Lessons skill 4.1 Grouping of Students skill 4.2 Writing Lesson Plans skill 4.3 Selection of Instructional Materials skill 4.4 Preparation of Instructional Materials
4. Evaluation of instructional objectives & programs	Evaluation of Lessons skill 5.1 Self as Instructor skill 5.2 Instructional Materials skill 5.3 Strategies & Activities skill 5.4 Student's Response

ASSIST ACTIVITY 1: *Assessment* — Unit 2

Objective: To be able to differentiate formal from informal information.

A child's personal folder contains the following information.

1. Intelligence test score.
2. Wide Range Achievement Test Score.
3. Physical therapist's list of skills accomplished last year.
4. Samples of child's work from last educational program.
5. Parent conference report.
6. Speech therapist's report.

Formal	Informal

ASSIST Activity 1:

Formal: 1, 2

Informal: 3, 4, 5, 6

ASSIST Activity 2: *Developmental Domains* — Chapter 2

Objective: To identify the skill areas or domains to be covered during Inservice training.

Name the six major skill areas.

1.
2.
3.
4.
5.
6.

ASSIST Activity 2:

1. Motor
2. Communication
3. Social
4. Personal Autonomy
5. Functional Academic
6. Home and Community Living

ASSIST Activity: 3 — *Behavioral Observations*

Objective: To record behavioral observations

You have read that observation of students is an important component of informal assessment. Through observing and recording, you can provide the program manager with data that will be of assistance in developing a program or instructional strategy for that student. To be sure that the information you provide is accurate, you should practice developing your observational skills.

The program manager should select a student on whom she would like to gather information on a specific behavior. Together write a description of the target behavior and determine how long a period each day and what times each day you should observe the student. Discuss also how you should record the information.

You should record each day for five consecutive days.

Remember, behavior should be observable and measurable.

ASSIST Activity 3:

Your program manager should discuss the results of the observing and charting with you.

ASSIST Activity 4: *Assessment* — Unit 2

Objective: To be able to record informal anecdotal observations.

Record, as best you can, a 4-5 sentence anecdotal record of a child you worked with today. Try to be thorough, specific, and behavioral.

ASSIST Activity 4:

Answers specific to your situation

ASSIST Activity 5: *Program Planning* — Unit 2

Objective: To list the major steps involved in program planning.

Write the five major steps involved in program planning.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

ASSIST Activity 5:

1. Devise long-range objective
2. Devise short-range objective
3. Conduct task-analysis
4. Devise and implement lessons
5. Evaluate lessons

ASSIST Activity 6: *Long-Term Objectives* — Unit 2

Objective: To demonstrate knowledge of broad objectives or goals.

1. Answer the following questions by filling in the blanks.
   - a) The program manager must decide ________________ to teach and then how to teach.
   - b) Programming decisions are based on information gathered from ________________ and ________________ assessment of each student.
   - c) The program manager must decide if the ________________ is appropriate for the student.
   - d) The program manager must decide if the student is ________________ ready for this behavior.
   - e) The program manager usually selects the number of long-range objectives that she would like for the student to achieve during ________________ .
   - f) Long-range objectives give the program manager and the other members of the instructional team a ________________ for where the student should be headed.

informal
one semester/year
formal

what
objective
direction or guide

developmentally

ASSIST Activity 6:

1. a) what
   b) formal, informal
   c) objective
   d) developmentally
   e) one school year
   f) direction or guide

ASSIST Activity 7: *Short Range Objectives* — Unit 2

Objective: To identify the parts of short range objectives.

Here is a short range objective.

Given a t-shirt which is face down on a table in front of the child, and the child who is standing, she will put the t-shirt on correctly 6 out of 10 times.

First name the three components of short range objectives and then break down the above short range objective into three components.

__________ __________ __________

ASSIST Activity 7:

Conditions	*Behavior*	*Criteria*
Given a t-shirt which is face down on a table in front of the student who is standing	she will put the t-shirt on	correctly 6 out of 10 times

ASSIST Activity 8: *Short-Term Objectives* — Unit 2

Objective: To differentiate between long-range and short-range objectives.

1. Below you will find a long-range objective. Think about all of the smaller behaviors which make up this objective and write them down in the spaces provided. State the smaller behaviors in terms that are observable.

Long-range objecitve:

At the end of the school year, Mary will be able to clean the house.
The smaller behaviors involved in cleaning a house are: (List 10 behaviors in any order.)

a) ______________________________
b) ______________________________
c) ______________________________
d) ______________________________
e) ______________________________
f) ______________________________
g) ______________________________
h) ______________________________
i) ______________________________
j) ______________________________

2. List some verbs which can be used to write or state short-term objectives behaviorally.

a)
b)
c)
d)
e)

3. Which *one* of the following statements is presented in behavioral terms?

__________ a) The student will be able to pronounce the sounds "c" and "z".
__________ b) The student will understand the difference between sounds "z".

4. Try this one. Which of these two statements is expressed in behavioral terms?

__________ a) The student will know all the primary colors.
__________ a) Given 6 pieces of paper, each one of the primary colors, the student will say the name of that color correctly every time.

ASSIST Activity 8:

1. a) sweeping
b) washing dishes
c) dusting etc.

2. Examples:
a) to write
b) to point
c) to match
d) to recite
e) to assemble

3. a

4. b

ASSIST Activity 9: *Task Analysis* — Unit 2

***Objective:** To demonstrate knowledge and skill of task analyzing a short-range objective.*

Below is a task analysis; fill in the missing sub task.

Short-range objective:

With a student sitting at a desk with a puzzle before her, the student will assemble the puzzle pieces correctly 10 out of 10 times.

Task: To assemble pieces of a puzzle.

Task Analysis:

a) Take seat at desk.
b) Position puzzle and puzzle pieces before her.
c)
d) Place piece in correct position.
e) Pick up adjoining piece.
f)
g) Continue until puzzle is complete.

ASSIST Activity 9:

c) Pick up puzzle piece
f) Fit adjoining piece into puzzle

ASSIST Activity 10: *Lesson Planning* — Unit 2

Objective: To demonstrate skill in developing a lesson plan.

Select a child with whom you work. Develop a short lesson plan utilizing the previous steps involved in the instructional process.

LESSON PLAN

Student:
Long-Range Objective:
Short-Range Objective:
Prerequisite Skill:

Length of Lesson:

Sequence of Activities *Materials* *Strategies*

EVALUATION:

ASSIST Activity 10:

Answers are specific to your situation

STUDENT OBSERVATION FORM

NAME: ______________

DEFINITION OF BEHAVIOR:

DATE: ____________ OBSERVER: ______________ TIME: ________ to ______

TALLY: TOTAL: ______________

DATE: ____________ OBSERVER: ______________ TIME: ________ to ______

TALLY: TOTAL: ______________

DATE: ____________ OBSERVER: ______________ TIME: ________ to ______

TALLY: TOTAL: ______________

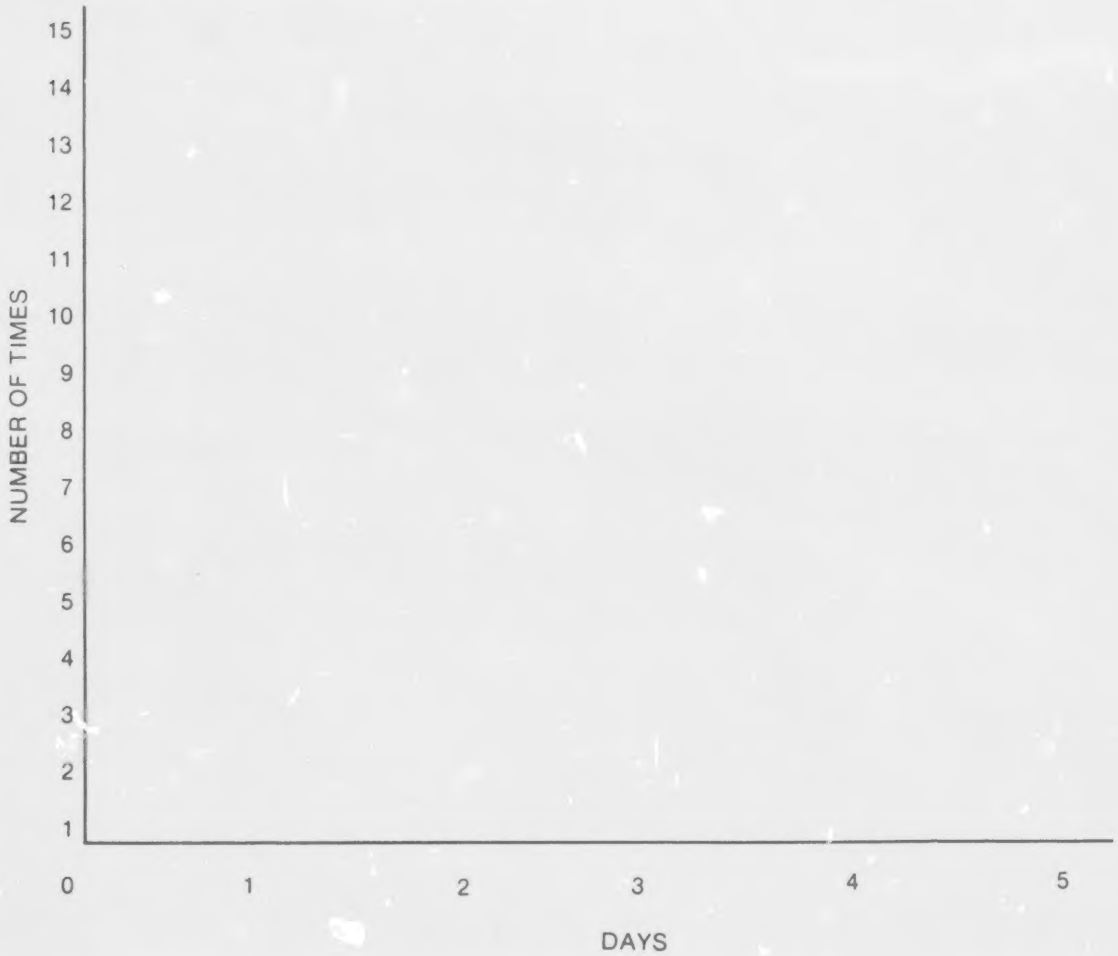
SAMPLE FORM

WEEKLY CHART

Name: ______________________ Week of ______________

Behavior: ______________________________________

Observer: ____________________



Sample Form

ACTIVITY PLAN

Student:
Long Range Objective:
Short Range Objective:
Prerequisite Skill:
Length of Lesson:

Sequence of Activities	*Materials*	*Strategies*

EVALUATION:

Sample Form

INSTRUCTIONAL MATERIALS CHECKLIST

CONSTRUCTION: YES NO

Is it DURABLE?

Is it REUSABLE?

Is it SAFE?

Can it BE MODIFIED for another student?

Is it easily STORABLE?

USAGE:

How much instruction is necessary?

Can it be used with a group?

Can it be used with an individual?

COMMENTS:

EVALUATION:

What other material could have been used?

Was the material difficult for the child?

How many different ways can the material be used?

COMMENTS:

Sample Form

ACTIVITY EVALUATION FORM

Objectives:

Was the objective appropriate? Yes ______ No ______
Was the objective achieved? Yes ______ No ______
Did you let the student know what the objective was? Yes ______ No ______

Strategies:

Did you reward for each correct response? Yes ______ No ______
Did you provide appropriate physical or verbal cues? Yes ______ No ______
Did you vary your talking and question-asking procedures? Yes ______ No ______
Did you sequence activities from simple to difficult? Yes ______ No ______

Materials:

Were materials appropriate to the task? Yes ______ No ______
Were materials age appropriate for student? Yes ______ No ______
Did you vary the use of the materials? Yes ______ No ______

Student:

Did student attend to task? Yes ______ No ______

If No:

When did she stop attending?
Were there possible nearby distractions? Yes ______ No ______
Did she attend when you varied your strategies? Yes ______ No ______

Sample Form

SECTION II
THE SKILL AREAS

OVERVIEW TO SECTION II

To organize the knowledge and skills of instruction it is helpful to discuss student development in relation to different skill areas. Although these skill areas are very closely related to each other, it is sometimes easier to understand student development and the instructional process by talking about the areas separately. There are many different ways educators classify skills. ASSIST organizes the instructional process around the following skill areas:

1. Motor Skills
2. Language Skills
3. Social Skills
4. Functional Academic Skills
5. Personal Autonomy Skills
6. Home and Community Living Skills

Your inservice training will be organized within these skill areas. The skills you have obtained in the instructional process will be applied to these different developmental skill areas.

All of these content areas are interrelated and most are very complex. You would need much more information than can be given you here to understand them completely. There are specialists in each of these areas to help the instructional team program effectively. The physical therapist can help with developing motor skills, the speech therapist with communication, the occupational therapist can help with the area of personal autonomy skills and the vocational rehabilitation counselor can provide information about developing career skills. In this section of the *Sourcebook*, an attempt will be made to give you a general overview of the area and some sample checklists of specific skills which are probably a part of the instructional program for some of your students. But, you must remember that ASSIST can only cover a few areas in detail. The potential content of your educational program is vast, and the instructional team needs to be creative in order to provide students with a worthwhile program.

An attempt has also been made to illustrate the instructional process within each of the content areas for seven handicapped children. Hopefully these examples will help you understand how assessing children and programming for children within each content area are applied. The real names of the children, teachers, and instructional associates have been changed consistent with the rights of confidentiality.

These children attend Hillsdale Cooperative School, a special school for handicapped children, in Hillsdale, a town with a population of about 50,000 citizens. The school is under the direction of a special education cooperative which serves a four county area. The total enrollment of school-age children is 72. There are nine classrooms. About half of the children enrolled in the school are from Hillsdale. The rest are bussed in from rural areas and small towns throughout the four county district.

The three youngest children to be discussed are in a room of six students called "multiply handicapped — primary". The three oldest students are in a class of eight students called "pre-vocational youth". Benjamin is in a class of 13 students called "intermediate T.M.R.". All of the classes at Hillsdale have a teacher and an instructional associate. Occasionally they have a student teacher or a practicum student from a branch of a state university which is nearby. Also, the philosophy of the school encourages the participation of parents whenever possible. The instructional team sees part of their role as helping the parents "teach" their children, so they often have parent helpers in the classroom.

PROFILES OF THE CHILDREN

Paul

Paul is a six year-old youngster with cerebral palsy who has recently learned to walk with the aid of braces and crutches. Paul appears to have normal use of his upper trunk and hands, but some of the muscles used in talking are affected by his cerebral palsy. He currently does not attend to the speech of other children or adults in the classroom, although a hearing test indicates his hearing is within the normal range. He expresses certain wants by crying and grabbing but otherwise does not attempt to communicate with others. He can feed himself, but tends to eat with his fingers. He is not toilet trained. He has been diagnosed as being severely retarded, but recently he has made real progress in certain areas and people are beginning to think he has more ability than tests have indicated.

This is Paul's first year to attend school, although he had physical therapy at a local hospital once a week for the past three years. Through therapy he progressed from being barely able to crawl to being able to get around fairly independently on flat surfaces with his crutches.

Paul is the youngest of five children and lives in a rural community about 20 miles away from Hillsdale Cooperative School. He comes in on a van with six other handicapped children from his county. His parents and siblings love Paul and are anxious to help, but so far this has mainly involved "babying him" by doing things for him and keeping him amused. Both Paul and his parents are beginning to see Paul as being competent in more areas than they expected.

Craig

Craig is an eight year-old boy with a rare genetic condition. Craig appeared to be a normal infant but by the time he was two years old his parents worried about his lack of motor and speech development. They felt that he had made little progress in his second year. They took him to the capitol city to Children's Hospital and learned that he had Lowe's disease. They discovered this disease was affecting his coordination, hearing and sight and that he was becoming progressively more retarded. They also learned the sad news that Craig's condition was degenerative and he would probably only live a few more years.

(It might happen that a student in your class is critically or terminally ill. It is always difficult to deal with serious illness in children. You may even have to experience the death of one of the children in your class, as the life expectancy of some severely handicapped children is quite short. Usually the children involved, the parents, and other children in the class will need a lot of emotional and informational support in such a situation.)

Elizabeth

Elizabeth is a nine year-old mentally retarded child with cerebral palsy. She is in a wheel chair which she is unable to move on her own. She has little strength in her hands and arms and makes random flailing movements with them. She can grasp objects and so attempts are being made to adapt eating equipment to her grasping ability. Her head is generally tilted to the right side of her body. She has no expressive language which is partially due to the lack of control of her mouth muscles. She drools and has trouble swallowing. Elizabeth has a fairly passive personality, though she smiles and laughs in response to attention. She likes to watch television for limited periods of time and loves music. She appears to understand much of what is said to he. . It has been hard for a psychometrist to measure her I.Q. but because of her responsiveness to stories and T.V. programs, the teachers estimate that she is moderately retarded. She lives in the country and rides the van with Paul. Her parents considered putting her in an institution but never actually went through with the application. They were pleased that her school corporation finally agreed (because of mandatory legislation) to provide transportation to the Hillsdale school. For the previous 2 years Elizabeth had a home teacher twice a week.

Benjamin

Benjamin is a 12 year-old boy with Downs Syndrome who attends the Intermediate TMR class at Hillsdale. Benjamin is a friendly, talkative boy, who knows everyone in the school and whose favorite pasttime is delivering messages or going on errands. He loves attention and affection and tends to be jealous when others are in the spotlight. He has set opinions about the way things should be done and gets upset and angry when things don't go as he thinks they should. For example, last week when a trip to the library was called off because of snow and poor driving conditions, he tipped over all the tables in the room, then hit at the teachers when they attempted to stop him.

Benjamin reads at about a first grade level and can find his favorite programs in the TV guide. He can not tell time exactly but can figure out when break and dismissal times are. He can count money and makes change fairly accurately up to about $5.00, and is learning to add and subtract money on paper in budgeting. But, he is still careless with money when he shops.

Benjamin is not very interested in most sports, except bowling, and is about 30 pounds overweight. His mother admits that she finds it easier to give in to his demands for snacks or seconds rather than face his tantrums if she refuses. But, now that he is bigger and stronger she is beginning to have second thoughts about this procedure. She is also discovering that she and her husband would prefer to have more time alone in the evening. Her husband especially resents having Ben "so present" when they have company. Benjamin is an only child and his parents are in their early fifties.

David

David is a 16 year-old deaf boy who has tested as severely retarded. He has been attending the Pre-vocational Class at Hillsdale for six months. David's mother left him with his grandmother when he was six years old, and he lived with her until she died when he was ten. He then became a ward of the state and spent the next year in a series of different foster homes. These placements failed partly because of a frustration on the part of foster parents because he could not hear or talk. As a result they felt unable to control him. He has always been a quiet, cooperative boy but mainly goes his own way and avoids people. He also periodically ran away from the homes and in one instance was gone three weeks before he was found in a neighboring county. No one knows where he spent the time, but except for being dirty, he was well fed and in good shape. On his return, he was admitted to North State Hospital for the Retarded, where he spent his next five years.

David's hospital records indicate that he had a half-hour a day educational program in which he "showed little academic progress". Although he continued to be a "loner," he was always an eager worker when there was pay involved, and had managed to save a small sum of money. His vocational competencies at the hospital included raking, diswashing, setting tables, delivering trays to bedridden patients, sweeping, and window-washing.

As part of a deinstitutionalization program, David was placed in a nursing home and enrolled at Hillsdale. He is a likely candidate for the group home if he can assume more self and home care responsibilities. David spends part of his day in the deaf/blind class and is beginning to learn sign language. He has been found to learn much more rapidly than the teachers expected. He does not read, but is learning to count in sign language and is beginning to write numbers. David has done exceptionally well in the pre-vocational tasks. He observes and copies other's behavior even though he can not understand oral or written instruction.

Bret

Bret is a 17 year-old student in Hillsdale Pre-vocational Youth. His teacher has evaluated Bret as being the "lowest functioning student" in her class with the "most severe" behavior problems. She has characterized Bret as being "hyperactive, aggressive, self-abusive, and inattentive". Bret spends half of his day in a multiply-handicapped class where he gets a lot of one-on-one attention. Bret can perform many of the pre-vocational tasks, but fails to work without direct supervision for more than a couple of minutes at a time. Bret is often heard to babble quietly to himself and it has been discovered that he can produce quite complex speech in this situation. He rarely speaks more

than two to three word commands in interaction situations. Though it is assumed that he understands what he hears, he usually does not pay attention to what is said or, in fact, to much that goes on around him.

Celeste

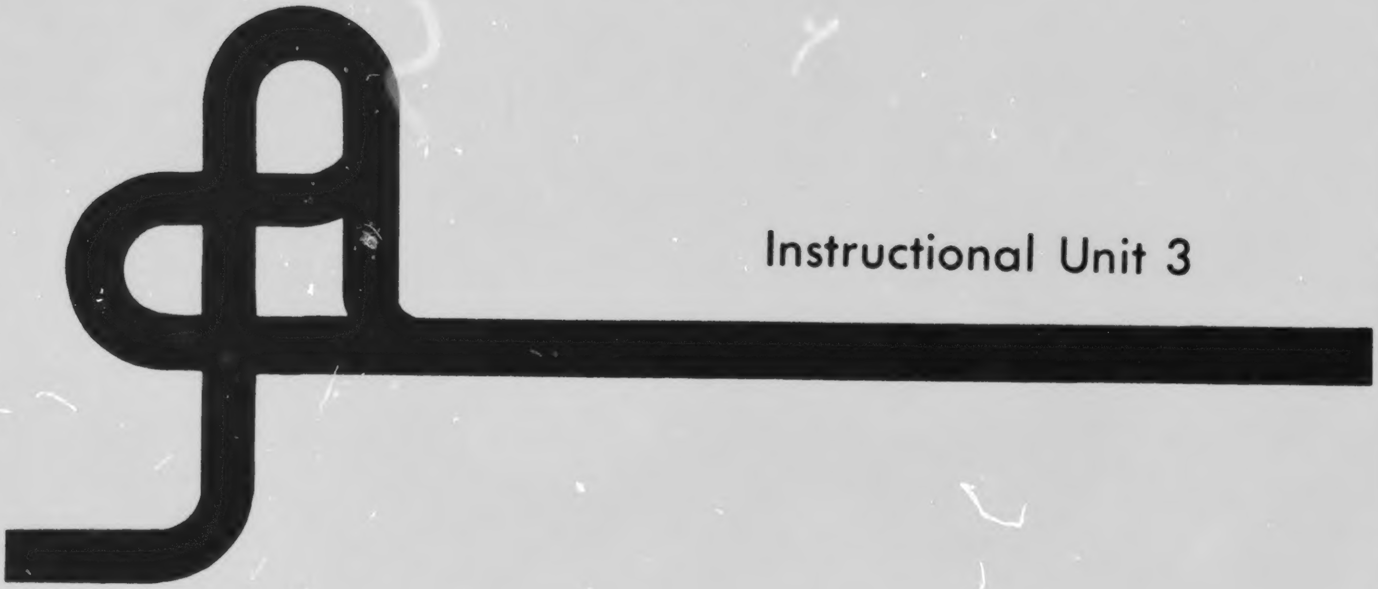
Celeste is 18 years old and attends the Hillsdale Pre-vocational class. At the end of this year she will begin the Adult Vocational Program with the hope of finding competitive employment in a couple of years. Celeste reads at about a second grade level and is fairly competent handling money. She is independent in taking buses and in taking care of herself in the community. Celeste is a very social young woman, who is generally well-liked by her classmates. She does tend to lose her temper. She sulks when disciplined, but is eager to make up after a feud.

Over the past couple of years her parents have frequently expressed a concern about her being so "boy crazy" and fear that she will "get into trouble". Celeste is eager to live in the new group home but her parents are reluctant because they are afraid she "won't be adequately supervised". On the other hand, Celeste's mother finds that she and her daughter have been having "many problems getting along" and feels that Celeste would benefit from more independence from her family. These family squabbles generally evolve around Celeste's "sloppiness", "weight-problem" and her desire to "have more freedom".

Even though Celeste is nagged at for these inadequacies, the team has observed that Celeste's mother and siblings have many of the same problems. Celeste is the fourth of eight children and they live in a small three bedroom house in the poorer section of Hillsdale.

SUMMARY

These profiles have highlighted major aspects of the lives of the children who are to be instructed. Much more specific information needed to be acquired concerning the skills of each child before the educational teams could devise and implement appropriate activities within each content area. As you progress through the following units, you will be introduced to the ways the various educational teams serving the children met each child's individual needs.



Instructional Unit 3

MOTOR SKILLS

OVERVIEW TO MOTOR DEVELOPMENT

Motor skill development is concerned with the ability of children to control and use body movements to meet their needs. Infants have very little control over their body movements and, therefore, are quite dependent upon adults. They cannot move themselves, feed themselves, dress themselves, etc. To gain independence, children must acquire and refine motor skills.

Motor skills form the foundation for the development of language, social, personal autonomy, academic, and vocational skills. For example, speaking involves the coordination of various facial muscles and mouth organs. Social development skills such as play and imitation require motor skills. Dressing and feeding oneself are personal autonomy skills which require coordinated body movements. Coloring, paper folding, writing, sorting tasks and other academic and vocational skills have a motor base as well. Clearly, much human behavior is based on prerequisite motor skills. A major responsibility of school programs, therefore, is to help children build motor skills so that they can function independently and effectively.

TRENDS IN MOTOR DEVELOPMENT

The development of motor skills is not haphazard. There are general trends or sequences of motor skill development for all children. To help the teacher in the instructional process, you need some knowledge of these general sequences.

First, development of motor skills begins from the head and progresses downward to the tail-end of the child. Children first learn to control head movements, then shoulder, upper back, lower back, hip and leg movements. By the preschool years, most children have developed to the point where they have head, trunk and leg control. They can walk, run, and jump. Some children, however, may still have an awkward posture or walking gait. Others may have difficulty hopping on one foot and skipping. Severely handicapped children may not be able to sit or even hold their heads erect.

A second trend in motor development is the progression of motor skills from the center of the body outward to the arms, hands, legs, and feet. For example, skills related to shoulder and arm control are usually acquired before children learn to grasp and hold with their hands. Most preschool children are still refining skills related to use of their body extremities (arms, hands, legs, and feet). Some handicapped children will still be struggling to control and coordinate skills related to head and back control, such as sitting up and rolling over.

Hand in hand with the first two trends is a third trend often called the gross to fine motor trend. This progression is from large muscle (gross) to small muscle (fine) control. As the child matures, motor activities become more specific, efficient, and graceful. As you proceed through this unit, you will learn to discriminate between gross and fine motor skills. You will see how instruction of the individual child takes into account these trends in motor development.

REFLEX MOVEMENT

In the newborn infant, posture, balance, and movement are controlled by a set of involuntary movements called reflexes. A reflex is simply a set, predictable movement that occurs automatically in response to some stimulus. Some reflexes can be triggered by a loud noise, touching some part of the body, or moving the body in some way. In the Babinski reflex, for example, the baby's toes fan out when the bottom of the foot is stroked lightly. In the neck righting reflex, when the child is placed on his back and the head is turned to one side, the body rotates as a whole toward the side to which the head is turned.

Reflex movements serve several functions. Some reflexes such as the sucking reflex, are essential for the newborn to obtain nourishment. Others seem to alert and orient the infant to conditions in the environment. Still others serve a protective function.

In the course of motor development, simple reflexes fade into more complex ones, and these in turn blend into voluntary movements. As the child matures, these involuntary reflex movements are gradually brought under voluntary control. The reflex domination of posture, balance, and movement gradually gives way to experience and practice, until voluntary, skilled mobility is achieved.

One problem encountered in many motorically handicapped children is the persistence of certain reflexes past the age when they are normally brought under voluntary control. Until these reflexes give way to voluntary control, progress toward independent mobility will be difficult or impossible. These reflexes which normally appear sometime after birth and then fade out before the age of five, prepare the child for rolling, sitting, and crawling. A second problem seen in motorically disabled children is the absence or delayed development of certain other reflexes. These other reflexes normally appear during the first year and persist throughout life. They function to protect the child and enable her to maintain balance in an upright position. These problems are often associated with physical handicaps such as cerebral palsy.

Assessment and programming for children experiencing difficulties in the area of reflex development is a very difficult task. Usually, a professional physical therapist is required to assess and plan for children experiencing reflex development problems. In a few cases, your teacher may have acquired skills in assessing and planning for such motor handicapped children. As the instructional associate, you will be asked to help put the plans of the physical therapist or teacher into practice. Certain physical exercises can help the child gain more voluntary control. This description should help you understand the reasons behind the plans of the teacher or physical therapist.

Another contribution you can make is to observe and record, as specifically as you can, any peculiar movements the child commonly makes and pass them on to the teacher. For example, one team's instructional associate noticed that Jeremy had difficulty maintaining balance in a sitting position. Often he would throw his arms up and out when he leaned backward too far while sitting. This movement increased the imbalance. She presented this information to the teacher and the teacher relayed the information to the physical therapist. The physical therapist explained that Jeremy had a "persistent startle reflex." In normal babies, the arms will be thrown out and up when the child is leaned backward in a sitting position. In Jeremy's case, the reflex had not yet been brought under control and was interfering with independent sitting ability. The physical therapist was able to provide the educational team with activity suggestions to help Jeremy, thanks to the instructional associate's observation skills.

Most importantly, the persistence of certain undesired reflexes and the absence of other desired reflexes can be dangerous. In Jeremy's case, the chances of falling were increased by the persistent startle reflex. In other children, lack of desired reflex development can be just as dangerous. For example, when nonhandicapped children and adults fall forward, there is a natural movement, called the "parachute reaction" or "reflex," to thrust the arms out to break the fall. Naturally, if this reflex has not developed, a front fall is much more dangerous.

Therefore, the educational team must be very safety conscious. Of course, this is true in all preschool settings. Scissors, pencils, woodworking tools, etc. can be very dangerous tools for children. While the risk of using these tools must be accepted to provide learning opportunities, supervision is essential. Keep a sharp look-out at all times. Learn to be on guard against potential hazards such as water spills on the floor, sharp protruding table ends, slippery stairways, etc. The teacher most probably will have set up some rules of safety for the children. Learn them and follow them. Unfortunately, it is also essential for you to know the routine for times when accidents occur, as they surely will.

ACQUIRED VOLUNTARY MOVEMENTS

So far we have traced the progression of motor skills through the emergence of patterns of reflex movement. Next, motor development progresses to the useful, voluntary movements which the child gradually masters. It is customary to divide these controlled movements into a sequence of *gross motor skills* and a sequence of *fine motor skills*. Both gross and fine motor skills follow a pattern or sequence of development. Key ingredients in the rate of a child's progress are opportunity and encouragement for practice.

GROSS MOTOR DEVELOPMENT

Roughly speaking, gross motor skills are those which involve the use of large muscle groups. They control the movements of the head and neck, the arms, the upper trunk, the legs and the lower trunk. As children refine gross motor skills, those skills are applied in the games and other play activities customary for children in our society. Gross motor skills can be divided into several types of skills.

First, there are extension skills. A baby's neck, arms, hands, legs, and feet are all pulled in close to the trunk. As the infant matures, she gradually looses this flexed posture. Reflex control is gradually replaced by voluntary control as the infant learns to extend her trunk and limbs. This total extension pattern begins with the head and neck and proceeds down through the body, until the infant is free of the flexed posture she had at birth.

At the same time, a second type of gross motor skills is unfolding. The infant learns to lift her head and trunk off the ground and to turn her head without turning the entire body. Then, she is able to follow the movement of objects and persons in a wider and wider range around her. The visual and motor skills involved here are referred to as visual tracking skills.

A third type of gross motor skills is composed of the so-called anti-gravity postures. Included in this type are the strengths and skills the young child develops to counteract the force of gravity. These skills are often referred to as "motor landmarks." Each new skill brings with it new possibilities for observation, investigation, and discovery. Each motor landmark in some way extends the child's ability to take independent initiative in manipulating the environment. A list of the more important motor landmarks would have to include:

1. Lifting the chin and head (head control is necessary for virtually any skilled independent movement.)
2. Rolling over (from stomach, or prone position, to back, or supine position and back again.)
3. Moving from a lying to a sitting position (prerequisites include head control and adequate body strength.)
4. Sitting (crossed or straight legged depending on the individuals limitations and abilities.)
5. Crawling
6. Standing with Support
7. Standing Alone
8. Cruising (walking using props, such as furniture pieces, for support.)
9. Walking
10. Running, climbing stairs, jumping, hopping, etc.

As the child grows through the school years, we expect to see continued gross motor development in the direction of increased speed, strength, agility, versatility, precision, and a smoothness of execution. Interestingly enough, there seems to be very little relationship among different gross motor abilities. A child who is quick to master one skill may be slow to catch on to another, and vice versa. A child who walks early may still have a hard time learning to throw a ball. And another child who stands and walks late may quickly learn to ride a tricycle. Again, one must always focus on the individual when providing instruction.

LIFTING, HANDLING, AND POSITIONING THE MOTOR IMPAIRED CHILD

If you serve children who lack the usual gross motor skills, your instructional and caregiving responsibilities in the classroom may require you to carry children from one place to another and put them into position for specific activities. Abnormalities in posture and movement often make it difficult to handle safely and comfortably even the small child with motor impairments. Handling and positioning these children in a consistently appropriate manner will help to suppress abnormal posture and movement. It will increase the child's potential to develop appropriate movement patterns and motor skills. For one thing, proper positioning and handling of the child prevents the growth of abnormal reflexes and helps to minimize abnormal muscle tone. That is to say, it will relax muscles that are too tight and strengthen muscles that are weak, loose, or erratic. Permanent injury to muscle tissue can result from lack of proper positioning.

Proper positioning and handling usually involve adaptations of the basic developmental positions (lying, sitting, standing, and so forth) and, of course, they are always related to the child's developmental status. Some general guidelines for positioning and handling the physically disabled student follow:

1) As a general rule, you will want to position the child so as to achieve the opposite of whatever abnormal patterns the child typically exhibits. The distribution of muscle tone throughout the child's limbs can most effectively be controlled by providing support at several key points on the body: at the back of the neck, at the shoulder girdle, and at the lower back. Force should *never* be applied directly to an uncooperative limb. As the child gradually masters independent head and trunk control, you can gradually move the control points down her body.

2) Provided that the child possesses adequate strength and balance, dynamic (moveable) positions are preferable to static (fixed) positions. Standing at a table is a dynamic position. Reclining in a wheelchair is a static position.

3) The child should not be supported all the time; rather, she must be regularly challenged to develop independent control.

4) The child should never be left in one position for longer than an hour. If any body part is forced to bear weight for an extended period of time, the flow of blood through that body-part will be impeded. The tissues near the point of pressure will begin to deteriorate, and a *decubitus ulcer*, or "bed sore" will develop.

5) When bones are not regularly subjected to movement and stress, they tend to become brittle and break very easily. Consequently, it is very dangerous to pull a physically impaired child by her hands or feet or to apply force directly to a body-part that is resistant to movement.

6) Since the focus of the school program in physical motor development is on independent mobility, lifting and carrying the child should be kept to a minimum. When you do have occasion to carry a child, support for the head, shoulders, and hips, as outlined above, is important. And again, as the child learns to control her head and trunk, your points of control can be lowered.

7) There are several more specific strategies for lifting and carrying the physically disabled student. A physical therapist would be able to show you how to execute them safely and with a minimum of strain on your own muscles, if your team needs assistance.

FINE MOTOR DEVELOPMENT

Fine motor activities are those which involve the use of small muscles in reaching, holding, grasping, and manipulating objects. These skills make possible the use of the hands and fingers (and sometimes the feet and toes as well) in useful and purposeful ways. As the sequence of fine motor skills unfolds, large muscle patterns discussed above are sharpened and refined into precise and efficient small muscle movements.

Most fine motor skills fall somewhat between the reflexive grasping during infancy to purposeful manipulation of objects and tools in later childhood. The development of these skills is emphasized during the primary school years, because mastery is a prerequisite for learning other skills. It is the job of the school to see to it that children begin their formal schooling with as high a level of fine motor competence as possible. Some school programs serving handicapped children are fortunate to have occupational therapists. Occupational therapists help children with fine motor skills while the physical therapists focus is on gross motor skills. The emphasis for occupational therapists is on the use of fine motor skills to achieve personal autonomy skills. Again, your responsibility is to implement recommendations of the teacher and occupational therapist and provide accurate feedback.

TYPES AND DEGREE OF MOTOR IMPAIRMENT

Motor impairments range from very severe conditions to very mild conditions. Severe impairments imply that the child has little gross and fine motor control. Children with severe motor impairments are often referred to as very "physically involved."

Physical involvement or lack of voluntary control usually results from various health, nervous system or orthopedic impairments. The results of these disorders produces different kinds of motor problems. Some handicapped children have "spasticity." The spastic child's muscles are tight and tense. Her limbs are stiff and resistant to movement. Whenever any tension is put on a spastic muscle, it often responds with jerky, uncontrolled movements. This dramatic increase in muscle tone leads to an exaggerated flexion (inward bending) in the limbs affected.

Another group of handicapped children have "athetosis." The athetoid child's muscles are erratic. Her limbs are subject to contorted and uncontrollable movements. Instead of a smooth and regular performance, the child exhibits random, twisting, and sometimes very bizarre movements of the head and extremities.

Another smaller group of handicapped children have "ataxia." The ataxic child lacks a sense of balance and a sense of the position of her body in space. Consequently, her posture and movements are clumsy and uncoordinated.

Motor problems also vary according to the particular limbs that are impaired. The following terms are typically used to describe different conditions:

Monoplegia:	when only one limb is affected.
Hemiplegia:	when the motor disturbance involves the limbs on one side of the body only.
Paraplegia:	when the legs and feet are affected.

Diplegia: when there is major impairment in the legs with minor problems in the arms.

Quadraplegia: when there are major motor disturbances in all four limbs.

SPECIAL EDUCATION PROSTHESES AND ADAPTIVE EQUIPMENT

We have seen that programming for physical and motor development involves assessing the presence of crucial skills and then teaching for their performance. In the case of the motorically impaired student, it may sometimes be necessary to provide a "prosthesis" to compensate for the child's inability to master an independent performance.

A prosthesis is any device which helps the individual function better. Its general purpose is to increase self-sufficiency and bring about higher levels of accomplishment in the disabled child without calling undue attention to her disabilities or inadequacies. Prostheses and other adaptive equipment may be employed either:

1) to reduce the amount of effort and degree of motor coordination needed to perform a particular activity, or

2) to provide an alternative means of executing a motor activity.

Any program of prostheses must be highly individualized. Hopefully, the selection of items both commercial and homemade can be done cooperatively by the teacher, the physical, and/or occupational therapists. Again, the overall goal is to put a little technology to work to minimize the disabilities imposed on the individual by her motor condition.

The most familiar prostheses and adaptive equipment are geared toward increasing mobility. The selection, maintenance, and use of braces and artificial limbs is a rather technical matter that must be overseen by a physical therapist. Upright walkers are often employed to reduce weight-bearing on the legs and to provide stability and support in walking. Their design is guided by a consideration of the degree of head control, balance, and upper body strength the individual possesses. The general idea is to enhance movement in the lower extremities without unduly limiting the amount and range of motion in the arms and hands. Wheelchairs come in a wide variety of models. They can be motorized; they can be modified to collapse, recline, elevate, and stand; and they can be equipped with various attachments to facilitate toileting, carrying, and general safety.

Many clever lifesupport aids have been devised to enhance the fine motor functioning of motorically disabled persons, also. Eating and drinking aids (vacuum and suction cups, rotating plates, strap-on utensils, etc.) are commonly employed to contain food and to make it easier for the individual to manipulate food and bring it to the mouth. Many devices are available to make toileting safer and more convenient. Clothing is frequently modified with wide openings, simple fastenings, and durable fabric. Finally, familiar bathroom supplies, grooming tools, kitchen utensils, and other household equipment are modified to facilitate personal grooming and hygiene.

These are only a few of the special educational prostheses and pieces of adaptive equipment you may encounter in the classroom. You will want to familiarize yourself with these and other special devices and materials used to treat physical impairments, improve motor coordination, and facilitate academic instruction.

Keep in mind that nondisabled children acquire and perform motor skills in connection with learning some specific adaptive response to their environments. The same thing holds for motorically disabled children. Prostheses and other adaptive equipment should not be used simply as a means of motor control. Instead, they should be designed and selected with an eye toward increasing the child's capacity to engage effectively in self-care, social interaction, academic pursuits, or some other meaningful activity. Finally, it is important to see to it that the special equipment employed to improve a child's functioning in one skill area does not limit her possibilities for independent functioning in other skill areas.

If you serve children who use prescribed adaptive equipment, be sure to ask the teacher if the parent has provided any information concerning their use. Parents are usually experts on the use of their child's devices. They are valuable resources of information concerning these matters.

Finally, the use of adaptive equipment raises the issue of safety once again. Wheelchairs can be locked in place. Other devices have safety releases. Again, parents can often help the team become aware of any potential dangers.

FITNESS

Recently national attention has been focused on the importance of keeping physically fit. Many people have jobs in which they sit much of the time and others use their leisure for passive activities like watching television. Handicapped children may be more prone to sitting than non-handicapped children. They are usually bussed to school. They are less likely to be allowed out in the neighborhood to engage in active play and they may not get involved in community recreation programs. Special Olympics has made people aware of what handicapped people *can* do in recreation and sports, but it should be remembered that fitness needs continual attention and not just special practice for brief periods of time.

The instructional team needs to be concerned that the students get enough exercise and keep in shape for many reasons:

1. Muscles, organs and other body parts weaken when not used. Steady use is required to maintain the body in optimum condition.
2. Keeping fit through good nutrition and exercise makes the body more resistant to disease. Keeping well assures good school attendance and optimum performance while in school. A child who is not feeling well cannot do her best.
3. Daily exercise provides an energy outlet so students can sit quietly and attend to a sitting task when they need to.
4. Fit people look better. Excessive fatness, thinness, poor posture and poor muscle tone detract from attractiveness. Fit people are more accepted by their peers and are perceived more positively by employers or others who have an influence on the lives of the handicapped.

The instructional team can make sure handicapped children keep in shape by encouraging 1) active play during break periods, 2) participation in sports at school, 3) walking to activities outside the school whenever possible, 4) introducing the students to recreational resources in the community, such as YMCAs, after-school recreation programs, skating rinks, swimming pools, parks, and bowling alleys, 5) offering nutritious snacks like fruits, vegetables and natural fruit juices rather than pop, candy, or fattening snack foods.

It will often be necessary for the instructional team to work extensively with the parents of handicapped students to assure that fitness is maintained.

GROSS MOTOR SKILLS: ELIZABETH

Elizabeth entered the Primary Multiply Handicapped Program with little voluntary muscle control. Before school started, the teacher, instructional associate, physical therapist and Elizabeth's parents met to discuss the development of an appropriate and challenging educational plan for Elizabeth. Elizabeth's medical report indicated that she was "athetoid cerebral palsied", "very physically involved", "quadraplegic" and "grand mal seizure prone". These technical, often frightening terms, are very general descriptions, however. The educational team knew that children described these ways have various strengths and weaknesses. Only after much discussion with the physical therapist and Elizabeth's parents did the educational team believe they had enough information about Elizabeth's motor skills to begin program planning.

An assessment of Elizabeth's development was conducted by the physical therapist. Reflex assessment indicated that Elizabeth exhibited several reflexes which should have disappeared by her age. Also several protective reflexes which should have developed had not, perhaps due to the limpness of her muscles. The educational team felt that they could train some of these reflexes to help Elizabeth protect herself. For example they decided to work on getting Elizabeth to raise her arms in front of her when an object is thrown at her. They also were going to work on getting her to put her arms out in front of her when she falls forward to keep her from hitting her head on the table or instructional equipment. The physical therapist gave them ideas on how to condition these responses.

The physical therapist also gave the teacher a gross motor checklist (which is shown on the following pages). As you can see Elizabeth had mastered some of the gross motor skills but has to work on many more. In Elizabeth's case her extreme physical involvement due to cerebral palsy will limit her mastery of some of these skills although others can be achieved with the aid of an adaptive device or prosthesis.

Elizabeth's mother explained that although Elizabeth had been termed "quadraplegic", her right hand was much less "physically involved" than her left. In fact, the inability of Elizabeth to control the athetoid, erratic movements of her left hand had interfered with the use of her right hand. For example, in doing a puzzle her left hand often pushed the pieces out of her reach. The physical therapist designed a leather loop on the left hand side of her tray on her wheelchair that Elizabeth could put her left arm through when she worked on fine motor tasks.

Since Elizabeth did not have adequate trunk control to sit independently without special support, the physical therapist suggested that Elizabeth have feet, neck, body and left hand supports (restraints) constructed on the wheel chair to see if Elizabeth could sit in a position which would allow her to sit in a better position for doing school work and would give her more efficient use of her right hand. These supports would also help prevent further abnormal posturing from occurring. These adaptations really helped. Elizabeth could visually track better since her eratic arm movements could not interfere with head control. Her neck support also allowed her more flexibility and she began to track vertically as well as horizontally. Her fine motor skills of grasping and releasing were enhanced by the sitting position and the restraint of her left arm. The physical therapist was hopeful that Elizabeth would acquire greater upper and lower back strength by sitting more often instead of lying.

Another concern was with Elizabeth's seizures. Supports can be dangerous when the child is having a seizure. Therefore Elizabeth was only restrained when she was closely supervised. When she began experiencing a seizure, she had to be quickly released and gently helped to the floor.

Name: Elizabeth
Date: 6/13
Observer: Jackie Winthrop

GROSS MOTOR
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Eyes move	+	+	+
2. Shifts gaze	+	+	+
3. Tracks horizontally	+	+	+
4. Tracks vertically	+	+	+
5. Tracks circle	+	+	+
6. Tracks adult	+	+	+
7. Eyes move	+	+	+
8. Tracks falling object	+	+	+
*9. Tracks 180 degree	+	+	+
10. Lifts head	+	+	+
11. Head-side to side	+	+	+
12. Pulls head upright	⊕	0	0
13. Lifts head/neck	⊕	0	0
14. Lifts head/neck/chest	⊕	⊕	⊕
15. Head control	⊕	⊕	⊕
16. Sits-head erect	⊕	0	0
*17. Straightens upper back	0	0	0
18. Straightens upper/lower back	0		
19. Head initiates turn	0		
20. Sits self-supported	0		
21. Backward sit protection			
*22. Sits (Indian style)			
23. Moves from sitting to lying			
24. Rolls from stomach to back			

From the assessment information and prescribed adaptations, the teacher and physical therapist felt that one long range objective in the area of motor development for Elizabeth was:

To sit upright in the wheelchair without chest support.

Date Comp	LONG TERM OBJECTIVE
Nov. 10	Elizabeth will sit upright in her wheelchair without chest support.

Date Comp	SHORT TERM OBJECTIVES
Oct. 15	Elizabeth will be able to sit up straight in her chair without chest support for 5 seconds, 2 out of 3 attempts, by the end of the week.

The instructional associate asked the teacher and the physical therapist if it would be appropriate to loosen the chest restraint all of the time so that Elizabeth would have a little more flexibility in the chair and could exercise more upper and lower back control all of the time. They implemented the idea, and gradually the chest support was eased. Elizabeth's back control did increase. However, they discovered that when the chest support was loosened, Elizabeth slouched forward, so they only kept it slack for certain periods in the day. Gradually, as Elizabeth developed back control the time spent without chest support could be extended. The team became hopeful that Elizabeth might eventually learn to sit independently perhaps even without back support. Developing unsupported sitting competencies would enable Elizabeth to sit in places other than her wheelchair. Back strength, control, and flexibility are prerequisites for walking with or without crutches and although these accomplishments are not likely in the near future for Elizabeth, they are so important to general mobility that they always need to be considered for the motorically handicapped.

Another adaptation implemented by the physical therapist for Elizabeth was the use of a "prone-tilt table". This piece of adaptive equipment gives Elizabeth the sensation of standing and enables her to take part in more of the classroom activities. This standing position seems to make it easier for her to use her right hand, also.

For children with severe motor handicaps like Elizabeth, your teacher will need assistance from a professional physical therapist or occupational therapist. These professionals are knowledgeable about many prostheses and positioning strategies for motorically handicapped children. Your responsibility will be to implement, under the teacher's supervision, any suggestions the therapists may make. Your observation skills are very important to these personnel. Any environmental conditions which seem to hinder or help a child's motor performance should be reported. Any peculiar body movements should be reported. Improvements may make additional adaptations or instructional objectives possible.

FINE MOTOR SKILLS: PAUL

Unlike Elizabeth's severe motor involvement caused by cerebral palsy which resulted in very abnormal gross motor development, Paul's cerebral palsy has not affected the use of his hands and arms. Therefore Paul's fine motor development has followed a normal pattern. But, assessment has indicated that Paul's fine motor skills resemble those of a three year-old rather than a six year old. For example, Paul is able to manipulate large wooden puzzle pieces and is able to turn faucets on to get water. However, he is not able to cut paper with scissors, or draw a circle. His crayons frequently break and he cannot get the top off a toothpaste tube.

The educational team believed that inexperience was part of the reason for his delayed motor abilities. This is Paul's first year in the program and his mother said that he had not had the opportunity to use crayons, scissors or puzzles at home.

The educational team decided that fine motor development was a weak area for Paul and they knew that his functioning in other areas depended upon improved fine motor skills. Therefore they got together and brain-stormed about all the things that they could expect Paul to start doing independently that would help improve his fine motor skills. They knew they would have to be patient and reassuring in getting Paul to perform more fine motor skills by himself. They decided to pay special attention to encourage him to do these tasks. They also decided to coordinate fine motor and personal autonomy skill (to be discussed in detail in Unit 7) instruction.

The team also decided that they would program activities which required Paul to manipulate with his hands in all other areas of instruction. For example, in language development they would have Paul use small plastic animals rather than pictures. For classification skills they would have Paul sort objects for "big" and "small" rather than pointing to pictures. They would have Paul trace large plastic stencils with a crayon in learning his name, and they would have him count blocks for learning number concepts.

The instructional team also felt that they needed to have Paul practice his new skill out of school, so they called his parents to come in for a conference. Then, his parents suggested ways they could work with Paul to encourage development of fine motor skills.

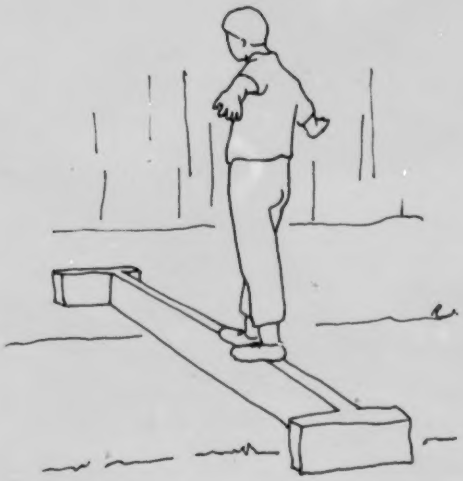
The team kept track of his progress by using the checklist at the end of the Unit.

PHYSICAL FITNESS: BENJAMIN

The instructional team met with Benjamin's mother, Mrs. Reed, to discuss what might be done about some of his behaviors that were becoming problems. They expressed concern that Ben was getting too heavy and decided that he was eating more than he needed and was not choosing the healthiest foods. Mrs. Reed complained that Ben really needed more constructive things to do during his leisure time. She confessed that Ben often got on his father's nerves because of his constant chatter and demand for attention. Mrs. Reed also said that when they requested that Ben go to his room or outside, he became upset and stomped away and often destroyed his belongings or threw things around. Then he would reappear in 15 minutes anyway. At the conference the following objectives were devised:

Date Comp.	LONG TERM OBJECTIVE
by June	1. Develop better eating habits. 2. Exercise more 3. Get involved in more activities in the community.
Date Comp.	SHORT TERM OBJECTIVES
2/19	1. Ben will lose 1 pound per week. 2. Ben will chart his own weight in the nurse's office every day. 3. Ben will attend YMCA volleyball 2 afternoons a week.

First they agreed to limit Ben's between meal snacks to fruits and vegetables, except on special occasions. They decided not to give Ben second helpings unless he wanted more vegetables or salads. They knew that sweets were important to Benjamin and so decided that rather than eliminate them completely they would give him smaller portions for dessert at lunch and dinner. They agreed that sweets or food treats should not be used as a reward for good behavior with Ben. The instructional associate suggested that Ben keep track of his weight loss on a chart. They thought that because Ben was particularly fond of the school nurse he could go to her office every morning to weigh himself and keep track of his weight on a chart. They decided that Ben might be better motivated to diet if they gave him a reward for the weeks he lost weight. His Mother said she would ask her husband to take him bowling as a reward for each week he lost a pound.



Ben was fortunate that his school and community offered a variety of extra-curricular activities. The teacher suggested that Ben would be motivated to increase his running, jumping, and trampoline skills with Special Olympics in mind. Ben had been very excited about winning a ribbon the year before and envied his classmates who had won trophies. The YMCA had several Saturday athletic programs and Mrs. Reed agreed to get a schedule and talk to the YMCA staff about what activities might be appropriate for Ben. Mrs. Reed expressed a worry that they might not want to cope with Ben but the instructional team assured her that he had a right to participate in community activities. Besides, Ben was usually a lot of fun to work with. The teacher was also able to give Mrs. Reed some ideas about where to write about summer camps and activity programs.

Another suggestion the instructional team offered was that Mrs. Reed try having some of Ben's classmates visit his home. Ben was very out-going. They thought that if he had more special contacts outside school it might help to relieve some of the friction between Ben and his father about being together too much. Mrs. Reed was enthusiastic about this suggestion. She added that if Ben had a companion he could probably go to a movie, the swimming pool or bowling alley on his own.

They also discussed behavior management and other areas of interest to Mrs. Reed. Both instructional associate and teacher felt that Mrs. Reed really needed the chance to express her worries about Ben to others who knew him. She was unsure of her parenting practices and in some areas she needed their support.

For example, she felt guilty about asking if Ben could participate in community activities she thought were just for non-handicapped children. She also needed some support for her hunch that Ben could do a lot more on his own in the community. Mrs. Reed was relieved to find that the instructional team was not shocked to discover that she and her husband often got tired of "being with Ben so constantly".

SUMMARY

Learning motor skills is not easy for any child. Children fall off bikes, trip on stairs, or get hurt by thrown baseballs. By overcoming these obstacles, however, students gain a sense of accomplishment and a sense of pride in their efforts. Moreover, they gain skills which are necessary for the acquisition of more complex social, language and academic skills.

In the past, the learning of motor skills for handicapped children was so difficult that the effort often proved too great. The inability of severely handicapped children to move, feed themselves, and communicate their needs even through gestures led to loss of motivation. Loss of motivation led to less eye contact, loss of muscle tone, and little motor development. For too many severely handicapped children, the perception of the world was the ceiling over their beds.

Motor skills, therefore, are crucial. The time the educational team allots for motor activities and object manipulation is just as important as the time allotted for any other skills. Time allotted for motor skill development must be well planned, also. Too often, educators have presumed that development of motor skills will "just happen." For motorically handicapped children, development will not just happen. The educational team must observe and plan carefully to increase the acquisition, maintenance, and generalization of motor skills. As you gain experience and build upon the knowledge gained from training, your observations, suggestions, ideas and other contributions will help the teacher derive better programs for the students.

ASSIST Activity 1: *Reflex Development* — Unit 3

Objective: To demonstrate knowledge of reflex and gross motor development

Fill in the blanks with the best entry from the list below.

1. ______________________ are set automatic movements in response to some stimulus.
2. ______________________ in handicapped children must give way to voluntary control before independent mobility is possible.
3. ______________________ may impede self-protection and therefore increase safety concerns.
4. The ability to follow the movement of an adult across the room is an example of a ______________________ gross motor skill.
5. The ability of the maturing baby to open the hand from the fist position is an example of ______________________ skills.
6. Standing is a ______________________ posture and is considered to be a ______________________.

a. motor landmark
b. extension
c. reflexes
d. persistent reflexes
e. absent reflexes
f. dynamic
g. visual tracking

ASSIST Activity 1:

1. c
2. d
3. e
4. g
5. b
6. f, a

ASSIST Activity 2: *Gross and Fine Motor Development*—Unit 3

***Objective:** To differentiate between gross motor and fine motor skills.*

Classify the following skills. Use "G" for gross motor skills and "F" for fine motor skills.

1. ______________ stacking wooden blocks one atop the other.
2. ______________ throwing a ball.
3. ______________ pedaling a tricycle.
4. ______________ tying shoes.
5. ______________ coloring with crayons.
6. ______________ getting in and out of a chair.
7. ______________ climbing stairs.
8. ______________ putting together a puzzle.
9. ______________ writing letters from the alphabet.
10. ______________ opening a birthday present.
11. ______________ hitting a ball with a stick.
12. ______________ rolling from stomach onto back.
13. ______________ turning on a television.
14. ______________ eating a bowl of cereal.
15. ______________ crawling on hands and knees.
16. ______________ lifting the head while lying down.
17. ______________ turning the pages of a book.
18. ______________ hopping on one foot.
19. ______________ cutting with scissors.
20. ______________ pouring liquid from pitcher to cup.

ASSIST Activity 2:

1. F
2. G
3. G
4. F
5. F

6. G
7. G
8. F
9. F
10. F

11. G
12. G
13. F
14. F
15. G

16. G
17. F
18. G
19. F
20. F

ASSIST Activity 3: *Positioning* — Unit 3

***Objective:* To demonstrate knowledge of positioning, handling and adaptive equipment.**

Place a T in the blank if the statement is true; F if false.

1. ____________ Never carry a child.
2. ____________ Always have the child adopt her most natural comfortable position.
3. ____________ Try to position the child to achieve the opposite of any abnormal postural pattern.
4. ____________ Usually support the child by the limbs, not by trunk support.
5. ____________ Challenge the child to develop independent control.
6. ____________ Put force on uncooperative limbs when necessary.
7. ____________ Move the child only if she complains.
8. ____________ Adaptive equipment is appropriate for gross motor skill development only.
9. ____________ The major purpose of adaptive equipment is to make the performance of a functional activity possible or easier.
10. ____________ Parents are valuable sources of information regarding the use of prostheses.

ASSIST Activity 3:

1. F 6. F
2. F 7. F
3. T 8. F
4. F 9. T
5. T 10. T

ASSIST Activity 4: *Types of Motor Problems*—Unit 3

Objective: To recognize the different types of motor disabilities associated with cerebral palsy.

1. ____________ The child's posture and movement are clumsy and uncoordinated due to balance deficiencies.
2. ____________ The child's muscles are stiff and respond with jerky, uncontrolled contractions.
3. ____________ Due to irregular muscle tone, the child exhibits random, twisting movements of the head and limbs.

a. spasticity

b. athetosis

c. ataxia

ASSIST Activity 4:

1. c 2. a 3. b

ASSIST Activity 5: *Types of Motor Problems* — Unit 3

Objective: ***To know the terms used to describe motor disorders according to the area of involvement.***

1. ______________ The motor problem lies on only one side of the child's body.

2. ______________ There is a major motor impairment in the legs, with minor involvement in the arms and hands.

3. ______________ Only one limb is affected, usually an arm and hand.

4. ______________ Major motor disturbance is present in all four limbs.

5. ______________ The legs and feet are affected, while the arms and hands remain normal.

a. monoplegia

b. diplegia

c. hemiplegia

d. paraplegia

e. quadraplegia

ASSIST Activity 5:

1. c 4. e
2. b 5. d
3. a

GROSS MOTOR
CHECK LIST

Name: ____________________
Date: ____________________
Observer: ____________________

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Eyes move			
2. Shifts gaze			
3. Tracks horizontally			
4. Tracks vertically			
5. Tracks circle			
6. Tracks adult			
7. Eyes move			
8. Tracks falling object			
*9. Tracks 180 degree			
10. Lifts head			
11. Head-side to side			
12. Pulls head upright			
13. Lifts head/neck			
14. Lifts head/neck/chest			
15. Head control			
16. Sits-head erect			
*17. Straightens upper back			
18. Straightens upper/lower back			
19. Head initiates turn			
20. Sits self-supported			
21. Backward sit protection			
*22. Sits (Indian style)			
23. Moves from sitting to lying			
24. Rolls from stomach to back			

Sample Form

25. Rolls from back to stomach			
26. Turns a circle			
*27. Crawls on stomach			
28. Pushes to sit from prone			
29. Creeps			
30. Stands when placed			
*31. Pulls to stand			
32. Walks holding hand			
33. Moves from stand to sit			
34. Side steps			
*35. Cruising			
36. Walks (one hand support)			
37. Toddling			
38. Stands without support			
39. Kneels without support			
*40. Pulls to stand (without support)			
*41. Walks			
42. Avoids obstacles			
43. Gets in chair-out backwards			
44. Climbs out forward			
45. Creeps up stairs			
46. Creeps down stairs			
47. Walks up stairs			
*48. Walks down stairs			
49. Plays/rocking horse			
50. Plays/swing			
51. Slides			
*52. Runs			
53. Jumps			
*54. Hops			
55. Skips and/or gallops			
56. Catches a ball			
*57. Throws a ball			

Name: ____________________
Date: ____________________
Observer: ____________________

FINE MOTOR
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

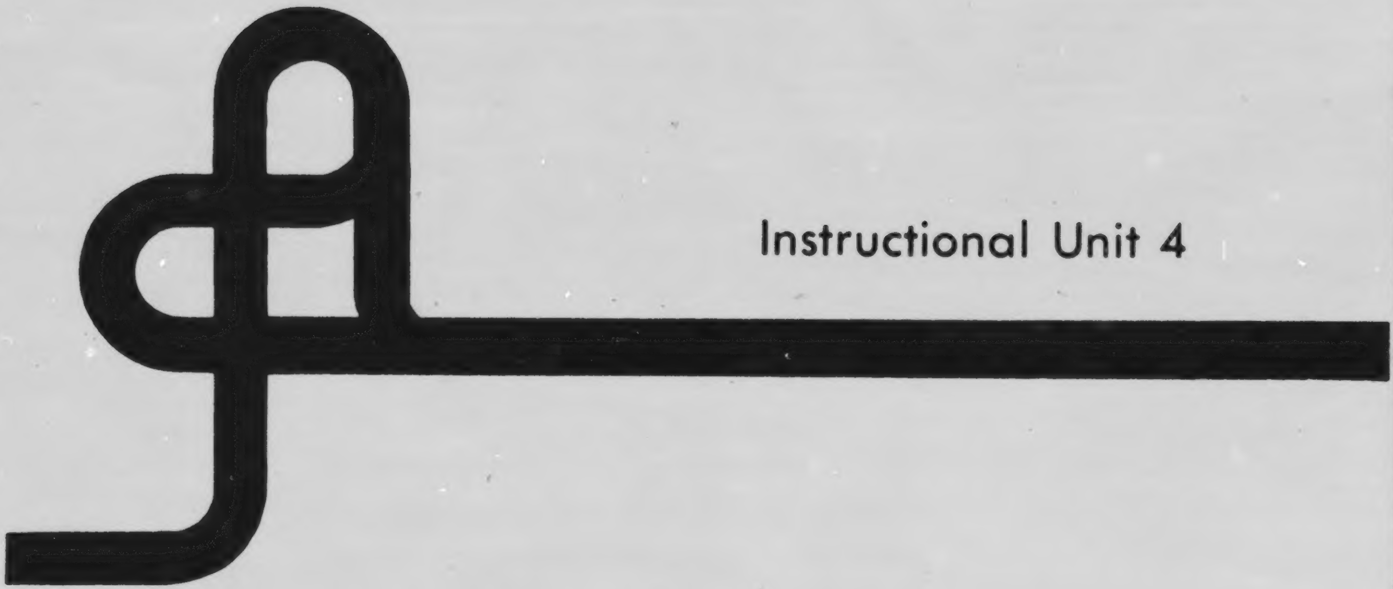
CODE:

• = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Reflexive Grasp			
2. Holding			
3. Opens and closes hand voluntarily			
4. Extends arms in play			
5. Reaches for object			
*6. Reaches/touches objects			
7. Reaches/grasps/holds			
8. Plays using hands			
*9. Scoops/rakes objects			
10. Palmar grasp			
11. Uses thumb to grasp			
*12. Pincer grasp			
13. Drops small object			
14. Places object			
15. Manipulates one way			
*16. Manipulates			
17. Recognizes objects			
18. Assembles blocks			
*19. Assembles puzzle			
20. Holds/marks with crayon (Palmar grasp)			
21. Vertical/horizontal/ circular scribbling			
*22. Imitates vertical/ horizontal/circular			
23. Copies colored pattern			
*24. Cuts with scissors			

Sample Form

NOTES:



Instructional Unit 4

COMMUNICATION SKILLS

INTRODUCTION

Communication is an essential part of each person's life. This is no less true for the students in your class. The communication process is not only speaking, but refers to all forms of giving and receiving information. Giving information or expressing something is generally referred to as expressive language. Receiving information, listening and understanding what is heard, is called receptive language. Many of the students in your class probably have expressive or receptive language problems.

Therefore, the term "language" really means more than communication with words. It includes the use of nonverbal expressive language such as facial expressions or gestures. Sign language is used frequently and effectively by people who are deaf or hearing impaired. Language also includes the ability to understand verbal and nonverbal messages of others (receptive language). No doubt many of you have heard the term "body language" or have used the expression "I could tell by the look on her face." Again, the word "language" involves many ways of communicating and of relating to other people.

The first purpose of language, then, is to communicate and be communicated to by others. Imagine how you would feel if you were unable to communicate. Perhaps for a few minutes, you would not feel frustrated or left-out. If someone communicated to you and you could not respond, the frustration would intensify. Eventually however, you'd want to tell someone about something you have seen or that you are hungry or even in pain. Many of the students in your class feel each day the frustration of not being able to express their needs, feelings and thoughts effectively or understanding the communications of others.

The second purpose of language is to structure the environment by naming and organizing relationships. Typically, a child's first words differentiate her parents from a vague universe; later she learns words for food, drink, toys and her own name. Language helps her form concepts of who she is, who the important people in her life are, and what her relationship is to them and to the world around her.

Because language is used in forming concepts does not mean that a child who can't talk is not able to think or understand what is going on around her. Infants and children learn by using all their senses: sight, hearing, touch, taste, smell. For example, we know something is cooking by its smell. Language is a tool for learning, but it is certainly not the only tool.

Verbal language development in most non-handicapped and handicapped children follows a fairly predictable sequence. While the infant is exploring her world with her senses, she is also beginning to learn to make sounds other than crying. Her first sounds as a baby are probably what most parents call cooing and gurgling, sounds made when she seems to be content. A little later, babies start babbling. Babbling takes up more of the baby's time, and often has the rhythm of a real sentence. All children make these pre-language sounds, even deaf children, although they usually stop babbling after a short time since they do not receive good verbal feedback. There is also much non-verbal expressive language that we begin to see just before a child is ready to speak. They

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begin to explore things to see how they work. They point to things they want. Of course other gestures, facial expressions, whimpering and laughing are all ways that the pre-verbal child expresses herself.

As the child continues to develop, her verbal expressive language runs from imitation of sounds to one or two words (usually the names of people or things), one word sentences, two word sentences, and so on. No stage excludes another; she may be imitating sounds and saying short sentences at the same time. But the reason that young children are so understandable to those who know them is that communication is not solely dependent on verbal language. Parents, sisters and brothers learn to recognize each child's total pattern of communication. They know that Leonore is wet because she has "that funny expression on her face", Susan wants her blanket because she is pointing to the spot where it is usually kept, or Beth moves her mouth up and down when she wants something to eat. Children know or can learn many ways to express themselves other than with words.

Generally, children acquire functional receptive language skills before they gain expressive language skills. They can usually understand words spoken to them even when they are unable to speak. Very young children often demonstrate this ability by responding to their names, and short commands, ("Show me your nose"), before they are able to speak.

We see many of these behaviors in handicapped children as well. Perhaps a student in your class is unable to express herself verbally but can understand requests. She may respond when her name is called by raising her hand or has other non-verbal ways of communication. When you work with the handicapped students in your class, remember that communication takes many forms. You should be prepared to use any form available to give and receive messages that are necessary for their well-being and your satisfaction.

Children who have verbal abilities sometimes have other problems in actually producing the sounds they make. These are speech disorders. Speech, or verbal expressive language, is a critical language function since most human communication takes this form. Much of your team's language instruction will probably focus upon speech skills. Speech disorders might be articulation problems connected with cerebral palsy, problems related to cleft palate, or stuttering. Articulation problems are common and some are even normal among very young children. An articulation problem might be the omission of a sound such as "c" in "candy", so the child says "andy" not "candy", "wo" for "water", or "mik" for "milk". Perhaps one sound is being substituted for another as "wun" for "run" or "tan't" for "can't". Still another type of articulation problem is the distortion of certain sounds. A lisp is an example of this type of articulation problem. Often the "th" sounds are the ones which are distorted.

Students who have cerebral palsy generally have very labored speech, primarily due to involvement of the muscles in the throat and mouth. These students may also have articulation problems as described above. Still other students in your class may have very nasal and breathy voice tone; this may be due to a condition called cleft palate. Cleft palate very literally refers to a condition where there is an opening in the roof of the mouth. (This birth defect is often coupled with cleft lip. Cleft palate can be corrected with surgery but speech therapy should be provided as with all of the other voice and articulation problems.)

Speech therapists very often have very full schedules. After assessing the specific speech problems of students in your program, they will likely have only a short period of time each week to work with your students. As part of the professional team you can reinforce appropriate sounds that might be of special concern at that time. Sometimes you might be tempted to force the student to produce a certain sound, or not to stutter. Forcing a child will only make her reticent to speak and probably will not improve her speech. Be sure to ask the therapist or teacher how you might appropriately challenge the student to communicate more clearly.

LANGUAGE SKILLS: PAUL

At age six Paul speaks or at least occasionally tries to speak, sentences made of one or two words. Paul has both speech and language problems. His speech problem is due primarily to muscular [illegible]lvement which is related to cerebral palsy. Patience is a major requirement for the adult communicating with Paul. It takes him quite a while to produce the sounds he wishes to produce.

The educational team realized when they were assessing Paul's receptive and expressive skills that as far as his receptive language was concerned he did have some problems. He seemed to be unable to follow commands which are more than one statement. "Paul, put your crayons away," presented no problem for him whereas "Paul, you can come over to the desk and get this crayon after you hang up your coat," resulted in no activity at all.

They also realized that Paul really did not speak much to his peers, teachers or anyone. Because of his physical limitations, experiences outside of his home and classroom were few. Perhaps he had little to say. In addition, his parents did not explain things or speak to him as much as they might. They were sure he was "hopeless" and did little to encourage him to speak.

Whenever he needed or wanted anything he had only to grunt or point. So Paul not only had little to talk about, he had little need to even try to speak.

After observing Paul, and assessing his speech and language capabilities, the instructional team formulated the following long range objectives:

1. to increase Paul's need to express himself verbally,
2. to offer auditory and visual stimulation so that Paul would have some reason to speak,
3. to get Paul to listen and develop receptive language skills.

From these statements the instructional team determined some specific short-range objectives, or things they hoped could be achieved in about two months. Some of the short-range objectives are listed below:

1. Paul will name items of food and drink in his lunch before they will be given to him.
2. Before Paul is taken to lunch, recess or any other activity he will name the activity.

These objectives were specifically designed so that Paul would use his language in a functional way. Speaking would have the food or activity as a built-in reinforcer. Naturally, the teacher and IA were liberal in praising Paul's verbalizations and responding to his verbal requests. In addition, they modeled longer sentences for him. When Paul wanted milk, the IA would say "I want milk" after Paul's request.

It didn't take very long for Paul to be successful at the tasks outlined in the short-range objectives. In fact, Paul frequently began to say "want milk" or similar sets of two words. The criteria then was for two word phases, under the same conditions. Again progress was evident. "Me want milk" was a happy sound! Pronoun confusion is common among children learning language. The team knew that this could eventually be corrected.

Similar strides were made in Paul's receptive language skills. While children with cerebral palsy have a higher risk of hearing problems, a thorough examination of his hearing abilities revealed no problems in that area.

LANGUAGE SKILLS: CRAIG

Because of his disease Craig has been gradually losing his vision. He already cannot see anything from a distance, but he seems to see quite well at a close range. He is often observed to go to a bulletin board or new piece of equipment and inspect it very closely from a couple of inches away for several minutes at a time. In his classroom for the primary multiply-handicapped there is one other visually impaired child, Jason, who sees slightly better than Craig with corrective glasses and a third child, Lucy, who is totally blind.

The instructional team used to have story circle up close to the chalk board with all the children sitting in small chairs in a semicircle. But, because of these three visually impaired children and also because the physically impaired children need a break from the upright sitting position, the team has constructed a story corner with pillows and mats in one area of the room. In this area they could seat children different distances from themselves, the books, the flannel board or whatever is to be the focus of attention.

One afternoon in the fall the team went to the county library and made a list of all books with bold, colorful pictures and books which could be accompanied by tangible objects. They also bought many realistic toys for the visually impaired children to handle to build concepts of the outside world. For example, they bought stuffed, wooden, and rubber animals; dolls representing different types of people with bodies like babies, children and adults; boy and girl dolls; dolls dressed like nurses or construction workers; puppets, minature tools, furniture, vehicles, and buildings. They especially looked for objects with movable parts. They also sent home a request for things like broken toasters, clocks, and egg beaters, that the children could explore without fear of breaking them.

With the new supplies and the new story corner, the instructional team always tried to plan so that each child could be involved. If possible they got two or three copies of the same book from the library so that Craig and Jason could have their own copies to inspect closely. They also tried to pair the stories with related manipulative objects. In the story, *The Three Little Pigs* for example they made sure Lucy got a toy pig to hold (or even sticks, hay and bricks).

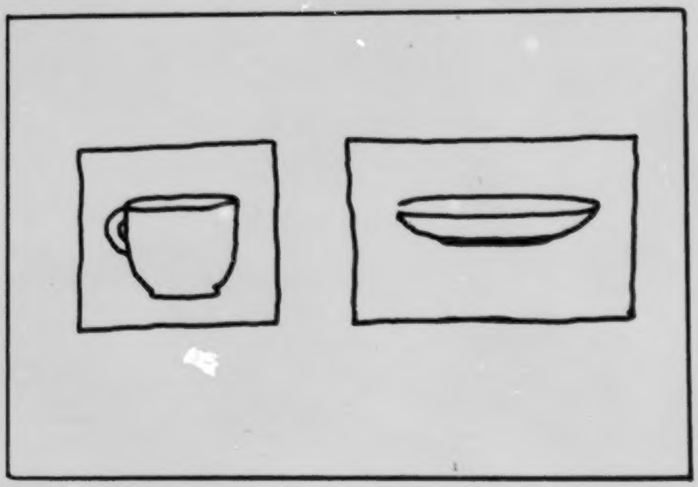
LANGUAGE SKILLS: ELIZABETH

Because of her cerebral palsy, Elizabeth experienced limited mobility as well as deficient language. While she appeared to understand what was said to her and what was going on around her, her lack of muscle control made it nearly impossible for her to speak.

The teacher and IA decided that their first priority was to develop ways for Elizabeth to communicate. The long-range objective was: Elizabeth will make hunger, thirst, toileting and fatigue needs known by use of a Communication Board.

Date Comp	SHORT TERM OBJECTIVES
March 19	1. When hungry, Elizabeth will focus on the picture of a plate on her communication board. with 80% accuracy.
	2. When thirsty, Elizabeth will look at a picture of a cup on the communication board with 80% accuracy

The team determined that gazing at the figure of a cup would lead to drinking; the figure of a plate to eating. Up to this point, Elizabeth ate and drank when food and liquid were given to her; she had no way to tell anyone that she was hungry or thirsty. In fact, she had no way to tell anyone anything. Such was the purpose of the Communication Board.



The Board used by the team was a large flannel covered bulletin board with a stand which was set up next to Elizabeth's wheelchair. Cardboard figures backed with felt were found to stick easily on the board. Other figures the team eventually hoped to use for communication were: a cup, plate, spoon, toilet, braces (to indicate discomfort) and a sleeping child (to indicate fatigue).

Elizabeth was led to a quiet corner just before lunch time. The teacher placed a plastic cup and plate on her tray. The teacher pulled up a chair so that she could sit directly in front of Elizabeth and she could see her face. Holding the empty juice cup, she picked up the one on Elizabeth's tray and said the word "cup" clearly and pretended to drink from it. The cup was then placed back on the tray. While Elizabeth watched closely, the teacher repeated the action several times. When Elizabeth focused on the cup she was given something to drink. When Elizabeth mastered this task, the procedure was repeated with the plate. When Elizabeth succeeded, the teacher nodded her head vigorously, and when she failed she shook her head saying the word "no". The team was pleased to discover that Elizabeth correctly interpreted what to do more quickly with the plate than the cup. They were able to move on to the other cardboard cutouts sooner than expected.

The cutouts were paired with the objects on Elizabeth's tray long enough for her to grasp the connection. The illustration of the toilet was shown to her while she was in the bathroom.

After Elizabeth had learned what the cutouts represented, and how to stick them on the board, the team watched for a time when she appeared restless or uncomfortable. At that point, a member of the team went over to Elizabeth, and put the cutouts on her tray. She stuck them on the board one by one, looking at Elizabeth questioningly, indicating that she should nod yes or shake her head no. Elizabeth was confused. Because she knew it was time for Elizabeth to use the bathroom, she placed the toilet cutout on the board and accompanied her to the bathroom. After their return, the figures were put back in the basket. The team continued this routine several times during the day until the time when Elizabeth chose the cutout herself and placed it on the board.

At the same time, Elizabeth was learning by instruction and imitation to communicate with gestures. The family and the hearing specialist attempted the use of a hearing aid for Elizabeth. Unfortunately, it was found that, because a hearing aid amplifies all sounds, the constant noise irritated and frustrated her. She was unable to screen out irrelevant sounds and attend to relevant ones. For that reason, the educational team continued to expand her ability to communicate with gestures and additional cutouts including symbols for certain activities. In addition, a speech therapist worked regularly with Elizabeth so that she could learn to make use of her residual hearing and the limited vocalizations she could emit.

GROUP LANGUAGE ACTIVITIES: ELIZABETH AND CLASSMATES

The multi-handicapped-primary class has six students. As with all special education classes, the educational team strives to provide each child with the program ideally suited to the needs and capabilities of each student. The teacher and IA spend much time with each student individually but frequently work with the students in small groups, or all six at once, if it is an area in which all need some help.

Language development seems to be a major problem for all six of the students in this class. In particular the areas of concept and vocabulary development are definite needs for all.

Each day, in many informal ways, vocabulary is explained, expanded upon, and reinforced with the students. The simple sentence, "Today is cloudy" may present a new concept for many of the primary group students. Part of the regular routine of this class is devoted to concept development and vocabulary building.

For students like Elizabeth who have limited experiences because of their physical handicaps, there is a definite need to help them get to know the world through pictures, stories and activities presented in the classroom. To demonstrate or identify the concepts such as run, walk or stop, cutouts are designed for Elizabeth's communication board so that she can identify the concepts while others, such as Paul, are performing them. One of the members of the instructional team generally shapes Craig's attempts of running, walking and stopping, while Paul performs on command. Jason who is hearing impaired, performs the activities and then pairs sign language with the cutout pictures.

So, although the objectives for each child are somewhat different, the activity is presented as a whole group activity with the content modified to meet the needs of all the children in the group.

David and Bret

When David was about three years old, it was determined that he was deaf. With no residual hearing, a hearing aid offered no solution. Now at 15, the instructional team looked to David's vocational future. It would be quite limited with the slight communication abilities David presently possessed. He is well able to understand messages when pantomine or symbols were used (as with a communication board). So, the instructional team determined that sign language would be an appropriate means of increasing David's expressive and receptive language skills.

Sign language has been traditionally used with the deaf. David's additional problem of mental retardation had previously been used as an excuse to not teach sign language to David. Recent research however, has suggested that students like David, as well as other non-verbal students who can hear, can benefit from sign language training.

A hearing specialist began teaching the educational team American Sign Language and offered specific suggestions for working with David as well as some other hearing but non-verbal students. By pairing the sign and saying the name of the object or activity, the receptive and expressive abilities of all of the students were increased.

Bret is in the same class as David and although he does not seem to be deaf he has little useful language. He does make sounds and occasionally utters some words but he does not use spoken language to communicate. The instructional team determined that a future objective for Bret, in the area of communication, was to extend the development in quantity and quality of his expressive language. As with many of the students in his class, this objective had been one held as important for many years. The IA and teacher spoke with the language therapist in an effort to find some new way to improve Bret's communication skills. Since many traditional approaches had been unsuccessfully used with Bret over the years, the team decided to place Bret with David in the group of students learning sign language. For Bret the spoken words were coupled with the sign. This simultaneous presentation was very successful and Bret quickly learned many signs. He also began to initiate conversations as well as respond to others.

Bret's parents at first were not enthusiastic about his learning sign language. They felt that he would only be able to communicate with others who knew sign language. They felt it would be more useful to "get him to talk like everybody else." The team had to acknowledge that his communications would be limited to those who knew sign language. The language therapist was offering a series of lessons for parents and families of the students in the sign language group and extended an invitation to Bret's parents. In addition, the team pointed out how unsuccessful other efforts to "teach him to talk" had been. After a few sessions with the language therapist they were enthusiastic and were also trying to teach him some signs. They were still encouraging him to speak but were pleased with his efforts to communicate in any way.

ASSIST Activity 1: *Receptive and Expressive Language* — Unit 4

Objective: Instructional Associate will demonstrate knowledge of receptive and expressive language behaviors by matching labels to behaviors.

Mark the following behaviors as EL (expressive language) or RL (receptive language).

1. ______________ Recognizes name.
2. ______________ Jumps when loud noise is made behind her.
3. ______________ Can play "Simon Says"
4. ______________ Uses gestures to communicate needs.
5. ______________ Smiles when teacher or instructional associate smiles at her.
6. ______________ Responds correctly to simple direction.
7. ______________ Looks at record player when it is turned on.
8. ______________ Makes siren sound when playing with fire engine.
9. ______________ Murmurs to self when working.
10. ______________ Uses 1 or 2 word sentences.

ASSIST Activity 1:

1. RL
2. RL
3. RL
4. EL
5. RL
6. RL
7. RL
8. EL
9. EL
10. EL

ASSIST Activity 2: *Language and Speech* — Unit 4

***Objective:** To be able to state the importance of communication and discriminate between language and speech.*

1. List the different ways in which you could communicate with a child who has a vision problem.
2. What is the difference between language and speech?
3. What is the first or earliest purpose of communication?
4. A child who lisps or omits consonants has what kind of speech problem?
5. Why is communication important to social development?

ASSIST Activity 2:

1. Motor and auditory input
2. Language is verbal or non-verbal communication; speech is the act of talking.
3. Communicate needs.
4. Articulation.
5. Affects independence.

ASSIST Activity 3: *Language Assessment* — Unit 4

***Objective:** To be able to observe language behavior and discriminate between expressive and receptive language in the classroom.*

Choose a child who has communication difficulties and assess whether her main problems are in the expressive or receptive skill area. List the ways she uses to interact with other children.

ASSIST Activity 3:

Answers specific to your situation.

ASSIST Activity 4: *Devising Language Materials* — Unit 4

Objective: To devise a communication system

Design a simple Communication Board for a child who has expressive language problems. How would you make it, what pictures or symbols would you use and what kinds of reinforcement would be available to the child?

Use your imagination!

ASSIST Activity 4:

Answers specific to your particular situation.

Name ______________________
Date ______________________
Observer ______________________

EXPRESSIVE LANGUAGE
CHECK LIST

CODE:

+ = Yes, as stated
(+) = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skills circled are considered to be developmental landmarks.

Skill	Acq.	Main.	Gen.
1. Random vocalization			
2. Differentiated cry			
3. Produces several vocalizations			
*4 Babbling			
5. Vocalizes to toys			
*6. Vocalizes word-like sounds			
7. Imitates sounds			
8. Imitates words			
9. Imitates environmental sounds			
*10 Imitates appropriate sound in play			
11. One word used appropriately/ consistently			
12. Communicates needs/ wants			
*13. Telegraphic speech			
*14 Forms question			
15. Talks to self			
*16 Uses simple sentences			
17 Verbalizes about own drawing			
18. Talks about familiar picture			
19 Communicates socially			
*20 Uses elaborate extended sentences			

Sample Form

Name: ______________________
Date: ______________________
Observer: ______________________

RECEPTIVE LANGUAGE
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated

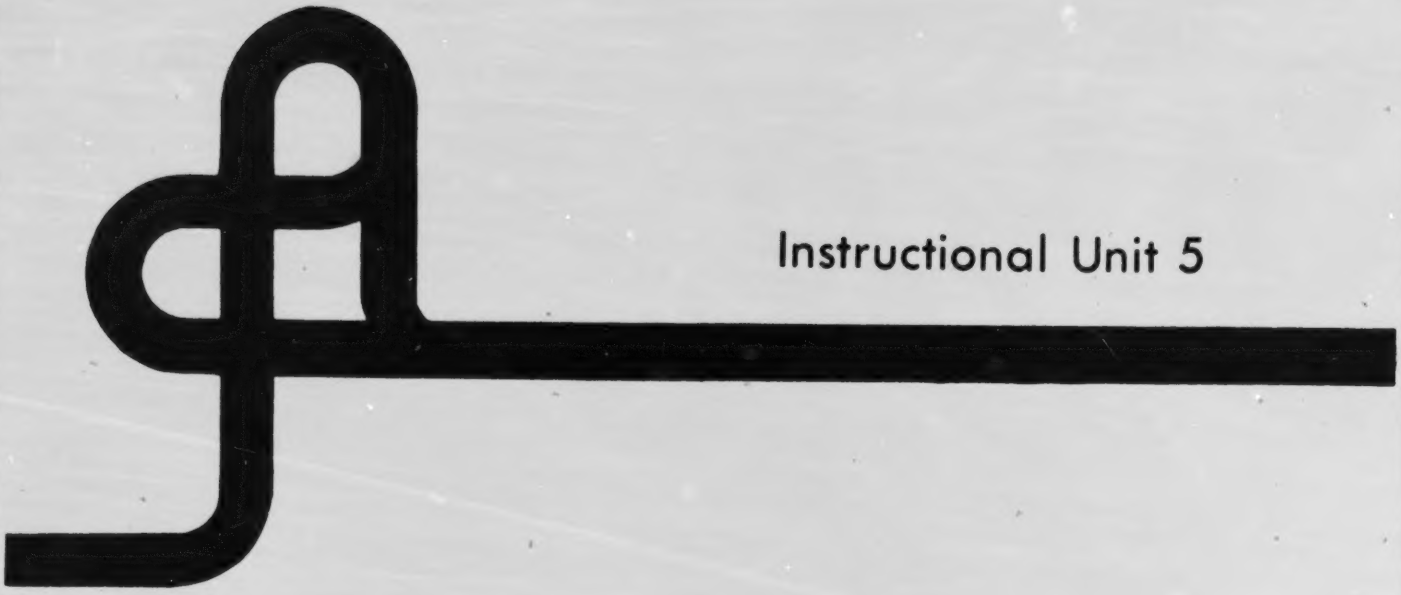
⊕ = Yes, with adaptations

0 = No, with or without adaptations

? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Startle Response			
*2. Responds-Auditory stimuli			
*3. Attends to normal sounds			
4. Attends to caregiver's voice			
5. Attends to familiar voice			
*6. Orients to sound			
7. Responds to name			
8. Responds to familiar words			
*9. Responds (gesture) to familiar words			
10. Points/touches body			
*11. Knows name of common objects			
12. Understands action words			
13. Understands simple sentence/question/ direction			
*14. Understands elaborate sentence/question/ direction			

Sample Form



Instructional Unit 5

SOCIAL SKILLS

INTRODUCTION

Learning to live with other people, or learning skills as social beings, is important for all people. Usually, through give and take situations in the process of growing up, people learn how to interact in ways which make them comfortable and which will allow them to survive and prosper in intimate relations, in work settings, in family relations and in conducting the business of everyday life. People learn skills such as communicating thoughts and feelings, sharing, compromising, following through with promises, meeting expectations of others, or conforming to the social rituals and patterns of society. These interactions may seem to come naturally, but in actual fact they are learned and evolve very gradually through years of practice in social situations.

Social development starts as early as the infant begins to establish ties with people in her environment. Usually the child interacts most with her mother, who is the primary caregiver. Mother provides for the needs of the child and the child responds when her needs are satisfied. A child's cry for food and contented smile after feeding are the first forms of social communication. These behaviors, along with looking, touching, and later vocalizing, strengthen the attachment between caregiver and child. Her simple forms of communication to the caregiver insure that she has some input in their growing relationship. The success of later social development depends to a certain extent on this relationship. If this attachment is satisfactory, the child gains a sense of basic trust. It allows the child to feel secure enough to be curious about objects and persons and to branch out and form new relationships.

Other family members, in addition to the mother, are significant to the child's social development. Father, siblings, and grandparents interact with the child in different ways. The communication which occurs between the child and her family prepares the child for the social world.

As the child grows older, people outside the family will become increasingly more important. A child's ability to interact effectively with others will affect every aspect of her life. Thus the development of and influences on these abilities is a major issue for educators of non-handicapped and handicapped alike.

Social learning takes place mainly by observing and imitating others. Through modeling her behavior after others she learns typical patterns of interaction. Also, through trial and error a child discovers when to use certain behaviors and which ones are most effective in each social setting, because of the natural consequences of her acts or the differential reinforcement she receives for each behavior from others. She learns her grandmother smiles when she hugs her, but frowns when she pinches. She learns she may get hit when she snatches a toy from another child. She learns her mother is more likely to give her a second cookie when she thanks her for the first one.

Children model their behaviors after the significant adults in their surroundings, but also imitate peers because they have so much in common. How often have we heard that a child throws her first temper tantrum after she observed another child's display. It is necessary to be aware of how important imitation is in social learning. If we do not want a child to hit or yell, it is important that we learn to deal with difficult situations without hitting or yelling. It is also important that we learn to reinforce only desired social behaviors. If we do not want a child to throw temper tantrums we should not give in to the wishes a child expresses while having the tantrum. The child must learn to make requests in ways that are socially acceptable.

Encouraging effective social skills in the school setting has been covered extensively in Unit 1. You might review that chapter for ideas on how effective social learning can take place.

A child needs to learn flexibility in social situations. Gradually, through experience in interaction, she is able to identify and associate different cues and properties with different people and situations. She may learn that her mother will cater to her needs at home, but that the instructional team expects her to get things by herself at school. She may learn that when her father is reading the paper she needs to leave him alone, but at other times she can expect him to pay attention to her. A concept of social reality develops as the child interacts with others. It is important that handicapped students have a variety of opportunities to test themselves in social settings. They must learn to get along with all types of persons. It is important that they interact with their normal, as well as their handicapped, peers.

Encouraging free play, or for older students free mingling, is one of the most effective methods for stimulating social development. Open, unstructured settings provide children with the opportunity to try out new roles, work out problems, test answers, express needs, master skills, and fulfill curiosities without serious consequences. It involves communication and social interaction. It requires students to take initiative and plan for themselves rather than having the instructional team constantly in control of what happens in the classroom. Allowing the chance for natural peer interaction is an important part of the school day, especially since many handicapped students may be very isolated from their peers after school hours. Either because of physical handicaps or

because they are unable to get around by themselves in the neighborhood or community, handicapped children and adults may experience substantial deficits in peer interaction.

The instructional team can also structure situations to give students practice in social interaction. During Good Morning Circle the team may have children greet each other and talk about the weather or important events in their lives. For non-verbal children the team may tell about some recent experiences that their parents have described.

Role play is another technique that has often been effective in teaching social interaction. The instructional team can provide simulated situations, such as relations between an employer and an employee, a boyfriend and girlfriend, a mother and daughter, or a shopkeeper and a shopper. The students can play a role that will help them interact in the real world or that will help them understand a social situation.

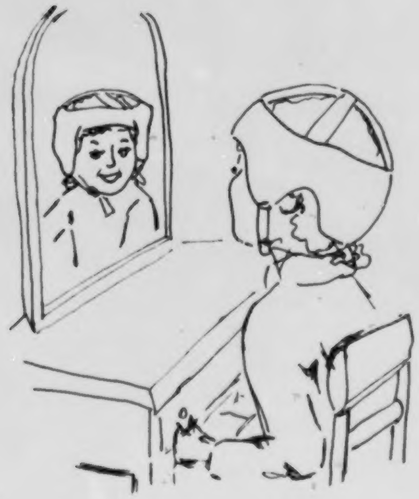
Developing appropriate social skills needs to be a major part of the instructional program for handicapped students. They need experience and practice in relating effectively with others in order to gain independence in daily living.

Development of Identity

How a child responds to others and behaves in social settings depends, to a great extent, on her concept of herself. Does the child see herself as competent? likeable? loveable? successful? Handicapped children will be learning who they are in terms of what they can do. You and the teacher play important roles in this process. Your actions, attitudes, and values serve as guides for the children.

A basic step in the development of an identity is the child's growth towards autonomy. A child begins to develop a sense of what her actions mean in relation to various objects and people. She is able to understand that she is a separate and somewhat independent human being. The instructional team can plan situations in which attempts at independent functioning will be rewarded.

Recently the importance of facing reality and developing a positive identity in relation to a healthy, well-adjusted personality have been emphasized for all people. At least part of the school day needs to be focused on discussing the important concerns and curiosities of your students.



Traditionally these issues have not been addressed in classrooms for handicapped youth, perhaps because it was assumed that handicapped children are not curious or that they will not understand the issues. Perhaps, others felt that focusing on self-understanding may confuse or frustrate handicapped students. Whatever the reasons may be, it is probably true that in most cases little classroom time is spent on helping handicapped students understand themselves, their possible adult roles, and the world in which they live. Often break times are good for having personal discussions with individuals or groups of students. But, planning for dealing with issues and concerns can also be a more structured part of the everyday program.

Some of the subjects which might be of interest or importance to your students are:

> Understanding how bodies work, especially growth, puberty, pain, sickness, reproduction, sexual arousal and drive, and the importance of touching.
>
> Understanding interpersonal relationships, such as intimacy, conflict between people, marriage, divorce, family or group living, employer/employee relationships, getting to know new people, or relating to strangers.
>
> Understanding and dealing with emotions such as loneliness, anger, depression, sexual attraction, grief or happiness.

Related to developing a positive identity is developing the ability to make decisions which are personally rewarding. It is important that handicapped students be recognized as people with a full range of human emotions, needs, and preferences. Your students will need practice asserting themselves when they have a preference or in expressing their feelings in acceptable ways. They have the right to make decisions, especially about the important things in life, like where they will live or work, who they want to spend time with, or what they do with their leisure time.

You may wonder about what topics to cover in this vast area. One way to decide is to observe and listen to your students. Often misunderstandings, confusion or worries will become apparent to you as you watch.

Even non-verbal students have ways of expressing interest or worry. You may have to interpret their laughing, crying, becoming tense, or the way they pay attention to something for them. The educational team can simply make comments about things they expect to be of concern. Through empathy, or trying to understand how they would feel in a certain situation if they were that person, teachers can determine many topics to cover. For example, it stands to reason that an adolescent girl will wonder about menstruation or that a child will worry about the disappearance of a well-loved grandparent because of death.

Even when there are no factual answers to give to questions they should not be avoided. Just talking over feelings about death or sexual attractions may ease the worries of some students. Assuming that a child would be better off not knowing, or that a touchy subject is too controversial, is usually faulty reasoning. Knowing correct or realistic information or discussing alternative views will be more helpful to students than avoiding controversial topics. The information handicapped students get from peers or can dream up in their own imaginations to answer questions are usually much more disturbing than anything true the educational team would say. Listening to children talk about subjects such as sex or death usually reveals a good deal of distorted, troubled information. The facts are almost always more acceptable and reassuring than the answers children dream up by themselves.

Social Skills (free mingling): Paul

Although Paul has four siblings he is the youngest child and has been babied through the years. His siblings were often told to "be nice to Paul" or "let Paul have it" when he wanted something they had. So, instead of learning cooperation and sharing, Paul had learned to grab at or cry for what he wanted.

The instructional team decided that it was important for Paul to learn to cooperate better with his peers.

Long range objective:	Paul will learn not to grab toys away from other children.
Short range objective:	During free play Paul will be placed in the proximity of Carla or Tony (larger assertive children) to see if Paul will not take any toys from them.

During free play the team planned to try to put the three children in the same area. On Monday they encouraged the children to play at the sandbox. Sure enough, Paul immediately grabbed at Carla's shovel. But, Carla held on to the shovel tightly and said "No, mine". Paul held on for a minute, but Carla grabbed it back and moved a little farther away. Paul later tried to get Carla's sand mold but again Carla held on tight and said, "Mine, you can't have". The teachers merely observed.

On Tuesday they seated both children at a table with play dough. Paul was soon trying to help himself to Carla's playdough. Carla grabbed it back and got some of his in the process, leaving Paul with less than he started with. Paul began to howl but the team discreetly busied themselves at the other side of the room. Paul eventually began to play with his remaining playdough.

On Wednesday, the two children were given some pop-em beads. The instructional associate gave equal piles of beads to both children. They noticed Paul looked at Carla's pile but left them alone.

On Thursday, Tony joined Carla and Paul in the block corner. Paul grabbed blocks away from Tony. Tony yelled. The teacher said, "Paul, take your blocks from the shelf, don't take Tony's blocks." Paul did as he was told, but had to be reminded many times to get his own blocks.

On Friday, Tony and Paul were coloring and sharing a set of crayons. Once or twice Paul grabbed Tony's crayons. Tony objected vociferously and Paul let go.

After a couple of weeks Paul usually waited his turn to use things especially with the more assertive children, but he still took toys away from the weaker ones. The instructional team decided that Paul was responding better to their verbal commands so they would try to give him a set of simple rules for interaction.

Whenever, Paul grabbed someone's toys they would immediately say, "Paul, she had it first, wait until she's done!" or "Give it back to her, Paul, she is still using it." They also tried to give the "victim" some language to deal with the situation, "Tell Paul no, Cindy, you were playing with it."

Paul began to understand the rules for sharing and waiting for turns. At first, when another child took something from him he would yell or look at the instructional team. Eventually he learned to hold on to his property and say, "no" or "mine".

Social Skills (Role play): Benjamin

Benjamin had increased his mobility in the community over the past few months. He could buy his own tickets to movies and pay bus fare, but he usually just walked up to the ticket office or bus driver and shoved the money impatiently at them. His mother had noticed some negative reactions from sales persons and communicated this to the instructional team. They decided on an idea that could be worked on through role play.

Long-range objective:	Benjamin will express his desires politely to sales persons.
Short-range objective:	Benjamin will use the words "please" and "thank you" appropriately during a classroom role play.

The team set up a store in one corner of the classroom (they would use the set for a variety of purposes, like learning prices and stocking shelves, not just developing social skills). Benjamin, and others, were to play the roles of shoppers or shopkeepers. They first talked about being polite in expressing what they wanted. Then they modeled appropriate behavior emphasizing the words please and thank you. Then they had the students play the roles after which they all discussed what behaviors were acceptable in shopping situations. Benjamin did have a tendency to be bossy and abrupt, but eventually he learned the more polite ways of dealing with shopkeepers. It was expected that the skill of "expressing one's needs correctly and politely" in the consumer situation would generalize to other settings, such as in making requests of his parents or teachers.

Social Skills (self understanding): David

David has led a very disrupted life because of being deserted by his mother, the death of his grandmother, and his lack of success in foster homes causing him to be shifted around frequently. In fact, the significant others in his life have changed a number of times during his short life. Because he is deaf, it is likely that he never had an adequate explanation of why these things happened or a chance to express how he feels about them. David does have trouble relating to others. Even after six months in their program, David continues to treat the team as if they were strangers. He does not greet them when he arrives at school, he rarely has direct eye contact unless it is demanded of him during a structured time, and he almost never smiles, laughs, cries or gets angry. The instructional team believed that he would benefit from having warmer, more personal relationships with others. They also decided to try to help David understand the sequence of events in his life and help prepare him for his upcoming move to the new group home. His sign language is not quite good enough to communicate about these things so they decided to draw some cartoon-like figures. They also decided to take David with a couple of his other classmates who will live with him to visit the group home now under construction. Through sign language and gestures they will try to prepare David for his next move. They also have arranged for a college student volunteer to get David together with some of his future group home-mates who are not in his class for some social events after school.

Social Skills: Craig

Craig has a slight hearing loss. He appears to have an awkward walk, fine motor problems and little expressive language.

Before Craig arrived at the school his mother was interviewed by the educational team. It was discovered that Craig showed affection only toward his mother, and would scream or physically resist the slightest approach from anyone else. In observing Craig the educational team noticed he only played by himself, avoiding any contact with peers or adults. If anyone tried to interfere in his isolated play, Craig would cry, scream, or throw tantrums. Most of the time he just wandered around the room, often making strange movements with his arms. Once, the instructional associate found Craig banging his head against the wall. Craig was pulled away quickly before he could hurt himself.

The first step taken by the educational team was to gather systematic observational information.

Informal testing began with an observational form, *Social Development Check List* (a copy of which is found at the end of the Unit). Of the forty-five items on the checklist, the most important social skills Craig possessed were:

- responds positively to primary caregiver's touch*
- makes eye contact with primary caregiver
- smiles at primary caregiver
- responds to primary caregiver's approach
- crying stops when given verbal attention from primary caregiver
- prefers primary caregiver's assistance to others
- plays near peers without any apparent attention to the child

(*where the primary caregiver is Craig's mother)

The remaining 37 items Craig either did not possess or were not observed. Of the skills Craig did not possess the following were chosen as beginning points for programming:

- awareness of own body/self
- turns his head to look in response to a person's voice
- makes eye contact with persons other than primary caregiver
- plays appropriately with a variety of toys
- plays with peers when present

From data gathered through informal assessment the educational team decided upon a long range objective and short range objective (see individual objective).

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In order to accomplish the written objectives, the educational team had to develop and implement instructional activities. It was important for both the teacher and the instructional associate to remember that Craig had problems not only with social skills, but also with hearing, vision, fine motor skills and expressive language. It would be impossible to work on any one skill in isolation. Any member of an educational team must learn to be sympathetic to all the needs of a child at the same time they are trying to target one specific area.

Once the objectives were written Craig's teacher asked the instructional associate to implement an activity plan for him. The instructional associate began by putting him in front of a mirror and asking him to look at himself (to make eye contact with himself). Next Craig was asked to place his hands on the mirror and told where his hands were in relation to his body (on his eyes, hair, or nose, etc.). This activity could also help him understand body awareness. Another strategy used to achieve the same objective was having Craig make eye contact by looking through toilet rolls for periods of at least five seconds.

After Craig had successfully acquired the skill of making eye contact with himself and maintained the skill in doing so, the instructional associate used the same procedures to help Craig develop eye contact with her, the teacher, and a peer. Once Craig could successfully generalize this skill with several different people, the educational team decided Craig was ready to move on to the next objective: Turn head in response to a person's voice.

A model peer was used in his case so Craig could learn to respond to both the instructional associate's voice and to his peer's voice in a parallel play situation. Craig was expected to turn his head in response to his name when it was called to him six inches from the side of his head and slightly behind his ear. Craig did not respond to this approach, so instead of calling his name, the instructional associate called out the name of Craig's favorite toy, which was blocks. This adaptation worked. If Craig turned his head to look at the blocks, they were given to him. The model peer also called out "blocks" and gave them to Craig when he responded by turning his head.

When the educational team felt Craig could maintain these objectives in the school setting, his mother was asked to work on similar skills at home with other family members. In this way Craig could learn to carry his new found skills over into other situations.

While working on the objective in which Craig was forced to respond to a peer's voice in order to get a toy, Craig was accomplishing his first step toward parallel play: awareness of a peer being close to him. Craig was ready to perform his next objective: Recognize his own toys, picture, and/or possessions.

The educational team asked Craig's mother to send a toy of his to school. The toy was a sand bucket. The instructional associate put five toys on the rug, one of which was the sand bucket, and asked Craig to pick out his toy from home. Once Craig could successfully identify and claim his own toy, the instructional associate gave the five toys to another child to play with. In this situation

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Craig had to go over to the peer and claim his sand bucket. It took Craig a long time before he would go over to the peer because this forced him to acknowledge his peer's presence. Craig finally stepped over to the peer and picked out his sand bucket.

It must be remembered that when working with a child like Craig each short range objective must be worked on over a long period of time before the long range objective can be reached. Time and patience are of utmost importance, as well as being willing to try new methods when others fail.

Social Skills: Russell

There will be other children who will show different types of behavior problems. You may observe a child who does not get along with any of the other children or you may have a child who tends to be aggressive with the children and with you. These behaviors may be present over an extended period of time and then the child may seem to outgrow them. Other children will have difficulty adjusting to the preschool environment. Since they might be accustomed to being the center of attention and living in their own private world, the social situations which they encounter in school will probably be new and frightening. This difficulty in adjustment could cause problems in social development.

Russell is an overdependent, aggressive child. When he first entered school he appeared fearful and anxious. When the teacher tried to take his hand away from his mother he began kicking and yelling at the teacher. The mother explained that she and Russell's father had just recently gone through a bitter divorce. During the turmoil of the divorce Russell had been passed from one grandparent to another until the court decided to give the mother custody. Now Russell was going to preschool—to him, possibly a sign of losing the security of his mother and being placed under the care of a total stranger, the teacher.

Along with Russell's apparent emotional problems which were affecting his social development he appeared to have a short attention span, be "hyperactive," and displayed difficulty with fine motor skills. Because Russell's aggressive behavior was causing constant problems in the classroom the educational team wanted to work fast in developing and implementing an individual educational plan (i.e.p.) for him. They decided to begin working toward improving Russell's social skills. Along with the parent interview, observational information was needed. Using the *Social Development Check List*, Russell was observed in the school and in his home situation. From this the educational team found that Russell did not possess the following social skills while interacting with peers and other adults:

—plays with peers (but tries to start a fight when he does not get his own way)
—does not wait turn
—does not share with peers

Since the mother did not report such aggressive behavior at home as was observed at school, the educational team decided to talk further with his mother. Through this second interview it was discovered that whenever Russell started to "act up" or "throw a tantrum" at home, his mother would give in and give him his way in order to avoid trouble. Also, she was afraid if she did not give him his way he would not love her as much as he loved his father. It seemed that whenever he visited his father he always got his way, as well as extra presents for no particular reason. The mother said she felt she and Russell's father were both afraid of losing Russell's love so they were compensating by trying to "buy" his love by giving him gifts and giving in to him whenever he wanted something.

This answered many questions for the educational team. Russell's behavior was so much worse at school because he was not "getting his way." Russell's mother admitted that she felt guilty for causing Russell such emotional turmoil during her divorce and that was another reason she always let him have his way. But she knew she could not live with this much longer because he was ruling her life.

In developing instructional strategies the educational team had to be willing to understand that because Russell was not going to "get his way" over everything he wanted, his aggressive behavior was probably going to increase before it improved.

The first long range objective chosen by the teacher was: Russell will be able to accept "not getting his way" all the time. Like many goals, this was "easier said than done." Russell would kick, throw things, and scream whenever the team gave him a directive that he did not like. The teacher struggled to think of some way of decreasing these inappropriate behaviors. Russell's reactions were so extreme and immediate that it was really difficult to implement instructional strategies which increased appropriate behavior. The teacher decided upon a series of strategies.

Whenever Russell exhibited extremely aggressive behavior, he would be taken out of the classroom by the instructional associate. The instructional associate would take "Herman" the

Name: Russell
Date: 9-15-77
Observer: S. R. Page

SOCIAL CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated

⊕ = Yes, with adaptations

0 = No, with or without adaptations

? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Awareness of body/self	+	+	+
2. Responds to caregiver's touch	+	+	+
3. Eye contact with caregiver	+	+	+
*4. Smiles at caregiver	+	+	+
5. Responds to caregiver's approach	+	+	+
6. Responds to voice	+	+	+
*7 Eye contact with others	+		
8. Smiles at familiar/ novel persons	+	+	+
9. Initiates physical interaction	0		
10. Stops crying with verbal attention	+		
11. Reacts to reduced attention	0		
12. Shares parental attention	/		
*13. Accepts affection from familiar others	+	+	
14. Physical affection to family members	+	+	+
15. Seeks physical contact	+	+	+
16. Perfers caregiver's assistance	+	+	+
17. Interacts with stranger	+		
*18. Protects own possessions	+	+	+
19. Waves	+	+	
20. Plays with own body	+	+	
*21 Explores environment	+		
22. Plays appropriately with toys	+		
23. Chooses own play activity	+		

24. Repeats household activities in play	?		
*25. Plays with family member	+		
26. Shares with family member	O		
27. Plays near peers without attention	+	+	
28. Plays alone near peers	+		
29. Imitates peers at play	+		
30. Joins in play with adult prompt	+	+	
31. Initiates play with peers	+		
*32. Plays with peers	O		
33. Sometimes waits turn	O		
34. Plays one-rule game with peers	+		
35. Goal-directed play with peers	+		
36. Shares on request	O		
37. Shares with peer on request	O		
38. Care of personal environment	O		
*39. Accepts family routine and changes in routine	O		
40. Identifies family member's posessions	+		
41. Performs simple tasks with caregiver	+		
42. Follows adult direction in reasonable amount of time	⊕		
43. Awakes quietly	+		
44. Delays gratification	+		
*45. Behaves appropriately in varied social situations	O		

puppet along. The instructional associate would talk with Herman about how she wished Russell would calm down. Naturally Herman would always agree. After Russell calmed down, the instructional associate would give Herman the same directions that Russell received.

Herman would not scream but would tell the instructional associate he did not want to do it and why. The instructional associate would always understand but explain to Herman the reasons why he must do as he was directed. Herman, though reluctantly, would always understand. Then Herman would fulfill the I.A.'s direction (pantomime). At that point, the instructional associate would hug Herman and give him some raisins. The instructional associate would tell Herman that Russell would get a big hug and some raisins too, if he followed directions like Herman. Then the instructional associate would refocus attention on Russell and invite him back to the classroom.

Russell was rather fascinated by the dialogue between the instructional associate and Herman. The puppet understood Russell but acted appropriately even when he did not feel like it. The indirect communication did not cause resentment or defensiveness. Russell really paid attention.

In summary the following short range objective was accomplished: In an isolated time out area, Russell will attend to a constructive dialogue between the instructional associate and "Herman" without interrupting. A second short range objective was then implemented:

After observing Herman's appropriate behavior, Russell will model Herman's behavior without screaming or yelling.

Russell did not fulfill his objective very well after another negative incident in the classroom, but the resentment was much less. The instructional associate gave Russell a few raisins for his improvement and said he would get his hug and more raisins when he did as well as Herman.

Similar strategies were used in a group situation. The students were all playing "fish." The game was played by holding a long stick with a string tied to the end. At the end of the string was a small magnet. Behind a small curtain was a large tub that held magnetic fish. All the fish were yellow except for one red fish. The child who "caught" the red fish was the winner and got to choose her favorite record for the class to listen to. Russell "caught" a yellow fish. When another child "caught" the red fish and was declared the winner, Russell tried to grab it away from her, yelling that he wanted it and it should have been his. Russell had to be taken out of the class by the I.A. and Herman and put in a "time out" situation to calm down. Finally Russell, too, began to realize if he did not win he could not pretend he was the winner by acting out. Therefore, with much trial and error and with consistent reinforcement Russell finally achieved his first long range objective: To accept a non-preferred natural consequence without throwing a tantrum.

Even with the achievement of the above objective Russell could not get along well with his peers in cooperative play. He needed to learn to share. To accomplish this objective the instructional associate worked with Russell in a small group. One toy from the class toy box was assigned to each child. Each child was then asked to give his or her toy to another child. Then the toys were returned to their "original" owner and each child returned their toy to the toy box. This strategy worked quite successfully with Russell. The next step was to have each child bring one of their favorite toys from home. The same activity was used where each child gave his or her toy to another child. Russell was reluctant and at first refused to give his toy away. But, after seeing that the other children always ended up with their own toy, he finally gave in. This activity had to be done on a daily basis for several weeks, both in the school and at home, before the instructional team felt that Russell could successfully share toys willingly with his peers. Along with these skills and with mental health counseling Russell was observed displaying appropriate interaction in cooperative play. His main objective was met.

Again, as in Craig's case, time, patience, and consistency are three important factors in trying to shape Russell's behavior.

SUMMARY

Children with physical handicaps and other severe abnormalities are at a disadvantage regarding social development in peer play and other classroom activities. Their problems affect the way in which others relate to them. Parents and teachers are often so worried about the handicap and treatment that they forget about the other things in a child's life. The attitudes of others, especially peers, toward handicaps also affects their relationships. Many young children are afraid of the differences they see in handicapped children. The educational team can do a great deal to provide social experiences for handicapped children. First, it is important for you to treat them as normally as possible. Try to provide them with activities that they can do with others, deemphasizing their handicaps. Let them do as much as they possibly can for themselves without help. The handicapped child can develop a much more positive self-concept when problems are not always the main emphasis.

A child's lack of appropriate social skills can be a disrupting factor in a classroom. The instructional process for this child must include assessment. Informal assessment should be conducted at home as well as school, including parent interviews, to gather background information about the child. Obtaining observational data can be one of the most useful assessment techniques. Verbal and non-verbal behaviors can be observed and level of development determined. Progress can be charted as more and more socially developed behaviors occur. This type of continuous assessment and evaluation should also aid in planning programs and providing the proper materials.

It is also important during observation to pay attention to the settings in which specific behavior occur. The number of other children around, amount of space available, adult supervision and time of day can all affect a child's social behavior.

Social development takes place in all activities and programs which involve participation by the children. All activities affect social growth and communication. Children are learning to deal with others, listen to and follow directions all the time.

ASSIST Activity 1: *Social Development* — Unit 5

Objective: To demonstrate knowledge of concepts involved in a child's social development.

True or False

____ 1. Modeling or imitating others is a way in which children learn social behaviors.

____ 2. A technique which is useful in teaching social interaction skills is role-playing.

____ 3. Discussion of sex, death or other complicated topics should be discouraged.

____ 4. How a child responds to others depends a great deal on how she sees herself.

ASSIST Activity 1:

1. T
2. T
3. F
4. T

ASSIST Activity 2: *Role Playing* — Unit 5

Objective: To illustrate the technique of role-playing

Think of a social situation which might be a common experience now or in the future for the students in your class. (Hints: making a phone call, asking for something)

List some activities where you might use role playing to teach a behavior or a set of behaviors.

ASSIST Activity 2:

Answers specific to your situation.

Name ________________
Date: ________________
Observer: ________________

SOCIAL
CHECK LIST

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Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
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Skill	Acq.	Main.	Gen.
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5. Responds to caregiver's approach			
6. Responds to voice			
*7 Eye contact with others			
8. Smiles at familiar/novel persons			
9. Initiates physical interaction			
10. Stops crying with verbal attention			
11. Reacts to reduced attention			
12. Shares parental attention			
*13. Accepts affection from familiar others			
14. Physical affection to family members			
15. Seeks physical contact			
16. Prefers caregiver's assistance			
17 Interacts with stranger			
*18. Protects own possessions			
19 Waves			
20 Plays with own body			
*21 Explores environment			
22 Plays appropriately with toys			
23. Chooses own play activity			

Sample Form

24. Repeats household activities in play			
*25. Plays with family member			
26. Shares with family member			
27. Plays near peers without attention			
28. Plays alone near peers			
29. Imitates peers at play			
30. Joins in play with adult prompt			
31. Initiates play with peers			
*32. Plays with peers			
33. Sometimes waits turn			
34. Plays one-rule game with peers			
35. Goal-directed play with peers			
36. Shares on request			
37. Shares with peer on request			
38. Care of personal environment			
*39. Accepts family routine and changes in routine			
40. Identifies family member's posessions			
41. Performs simple tasks with caregiver			
42. Follows adult direction in reasonable amount of time			
43. Awakes quietly			
44. Delays gratification			
*45. Behaves appropriately in varied social situations			

Instructional Unit 6

FUNCTIONAL ACADEMICS

INTRODUCTION

The usual way academic skills are taught to children is to follow a sequence which proceeds from simple to complex. For example, writing includes the following simple to complex skill sequences:

1. to hold a writing instrument,
2. to make random lines on the piece of paper,
3. to control the movements to imitate a set of lines or patterns,
4. to make letters either by copying them or from memory,
5. to combine letters into short words,
6. to combine letters into longer words,
7. to combine words into sentences,
8. to eventually combine sentences into paragraphs and multiple paragraph series.

Following this natural sequence for each academic skill can be called "developmental academics."

The progression through these stages is the same for handicapped learners except that they would probably proceed through the stages at a slower pace taking longer to achieve mastery of each new process. Furthermore, the level of mastery would not be as high as for most non-handicapped children.

The payoff for spending time on academic subjects is high for non-handicapped children: they become literate and are able to transfer their skills to a variety of everyday living situations allowing them to become better citizens. But the payoff for spending much school time on developmental academics is often not great for handicapped students. It is often better to "jump out of the sequence" and spend more school time concentrating on functional academics.

Therefore, educational teams serving handicapped students must evaluate their program and select only academic skills which are functional. In other words, special education classes should not simply offer "watered-down" academic subjects imitating the routines of regular education, but should instead focus on teaching those particular academic skills which their students are able to learn and which will increase their chances of becoming independent in the community. This becomes increasingly true as the students become older.

In preschool and elementary classes more school time would be spent on mastering the beginning stages of the developmental sequence. These skills (such as learning to read and write simple words, or to count and compute) are prerequisites for functional academics as well. Even during these stages students should concentrate on learning what will be immediately functional. Sight-reading words such as men, women, girls, boys, (which are frequently found on rest rooms), or stop, walk, and keep out, (which will help them observe safety rules in the community) is functional reading. Eventually, as students get older, teachers must divert further from the developmental sequence and concentrate mainly on what is immediately useful. It is more important for a student to read and write her name, address, birthdate, and phone number, than to read and write "house" or "horse". It is more important for the student to know usual prices of common products than to be able to add simple problems on paper. Each school day has limited time and the instructional team must use time creatively to select what is useful to their students. The goal of the academic program as with the motor, language and personal autonomy programs, is for handicapped students to learn to function within a wide scope of personal, social and vocational areas.

TYPES OF FUNCTIONAL ACADEMIC SKILLS

Functional Academic skills have been divided into five areas:

1. cause/effect
2. classification/seriation
3. representation
4. numbers
5. temporal relations

1) Cause/effect. A child who recognizes that certain behaviors have certain results is beginning to understand cause/effect. She may shake a rattle or open the top of a Jack-in-the-box repeatedly or attempt to pick up a dropped toy. When a desired object is placed just out of her reach she may crawl, or walk to retrieve that object. If she has good fine motor coordination, she may wind up a mechanical toy without assistance.

2) Classification/seriation. Objects can be classified according to size, texture, length, quantity (more/less), volume (loud/soft), colors, and function or use. Seriation refers to the ordering of the objects from the largest, next largest, to smallest; roughest, next roughest to smoothest and so forth.

3) Representation involves the ability to use symbols (pictures, letters, printed words) to represent people, objects or actions. Thus Elizabeth, in Unit 4 on Communication, learned to communicate her needs by placing cutouts on the Communication Board. Each cutout or symbol represented a certain action: a cup for drinking; plate for eating; etc. To a certain extent, Elizabeth had learned the use of symbols. Functional writing and reading involve representation skills.

4) Numbers. In Functional Math, children learn the concept of numbers, of one-to-one correspondence, the skill of counting, and simple mathematical operations. In order for a child to develop functional academic skills, certain abilities in the area of motor, language, and social skills are assumed. However, some of these prerequisite skills may have to be modified or adapted for handicapped children, and some may be impossible to attain because of severe motor, language or intellectual handicaps.

5) Temporal Relations. Temporal relations is probably the most abstract concept to teach. Handicapped students often confuse past and present, or yesterday, today and tomorrow. You can begin to teach them something about daily routines. For example, lunch is preceded by certain activities (hand washing perhaps) and followed by certain activities (nap time possibly). On the other hand, some children may respond to such questions as "What did you do yesterday before lunch?" or "What will you do this afternoon when you get home?" Teaching the days of the week, celebrating various holiday periods, and celebrating birthdays are common endeavors in many classrooms.

DEVELOPMENTAL WRITING: PAUL

The instructional team had spent the first semester concentrating on developing fine motor control through playing with toys in free play, through encouraging a number of dressing and hygiene competencies and through some practice with the traditional writing tools: pencils, pens, markers, chalk, and crayons on various surfaces. Paul could recognize the "P" in his name and when he saw any "P" he would say, "There's Paul". The team decided that since he was interested in the letter "P" they would devise some activities so he could learn to write it. More generally, they would work on increasing his control in making shapes and copying writing movements. These are a few of the activities.

1. Trace "P" in large plastic indented stencil.
2. Copy large lines on the chalkboard.
3. Trace large plastic stencils of animals with a magic marker.
4. Color pictures of common objects (not yet being encouraged to stay in the lines but rather just to use the crayons)
5. Make "P" on all art work with adult holding his hand and shaping the letter using a three-sided pencil adapter to assist grasping.

FUNCTIONAL WRITING: DAVID

Because David is deaf and also because he tends to roam off on his own in the community, the instructional team felt it was very important that he know how to write his own name, home address and telephone number. They also planned to encourage him to carry a wallet with an I.D., but knew he would not always do this. They decided that David would need to have a lot of repetition to learn his name and address. They also knew he would lose interest if they tried to keep him at a seatwork task too long. So they agreed to try to present the task in a variety of ways for short periods frequently during the day. They first had him copy his full name, then his address, and then his phone number. Then they worked on getting him to write his full name from memory. They had him do this work at the chalkboard, with a pen in a notebook, with a magic marker on construction paper and in many other ways. They were impressed at how quickly and accurately he learned to do this from memory. After he had mastered the skill, they continued to have him review it at least once a day.

337-7429

Date Comp	LONG TERM OBJECTIVE
June 5	David will write his name, address, and phone number when asked to do so

Date Comp	SHORT TERM OBJECTIVES
4/18	David will copy his first and last names from a sample on the same piece of paper.
4/18	-David will begin to write his first name from memory. (Sally will show him the index card and remove it from sight

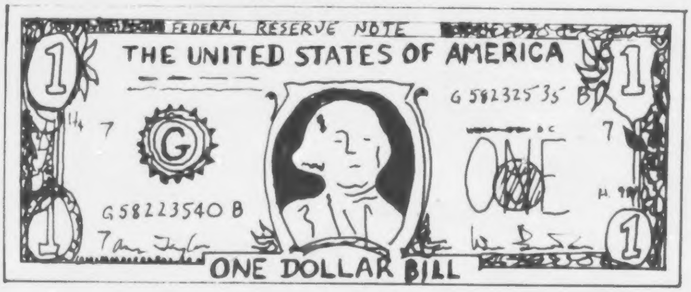
FUNCTIONAL MATH: CRAIG

Craig was able to count to 10 aloud accurately 100% of the time. The instructional team discovered that he often had difficulty counting real objects correctly. He often skipped one or counted one twice. Because of his poor vision they tried to have him count by touching objects. They decided to make Craig responsible for getting the paper cups ready for juice during snack time twice a day. The IA was to tell Craig how many cups they would need just prior to snack. At first she had to accompany him to the cup dispenser to count the cups as he pulled them out. Shortly, however, she simply had to tell him to do it and he could bring the right amount to the table and pass them out.

FUNCTIONAL MATH: DAVID

David often went to restaurants with the other young men from his group home. They usually went to fast food places. The instructional team started collecting pictures of hamburgers, hot dogs, french fries, milk shakes and soft drinks. Then they glued them on index cards and put the appropriate price of each on the back of the card. These cards could be used for math in a number of ways by David and his classmates.

1. As flash cards to have students learn the approximate prices of commonly bought food,
2. As cards to use in making change, for example taking the cost of each item away from $1.00,



3. In adding the price of a number of items, such as french fries, hamburgers, and soft drinks,
4. Adding the price and then figuring how much money they would need to cover the costs.

The cards could also be used for language activities, such as having the students pretend to be at a restaurant and order food. They could be used to discuss nutrition.

TEMPORAL RELATIONS: DAVID

One of the hardest concepts to teach children is that of time: past, present and future. David was ready to be exposed to the concept of routine, that is, the fact that some events happen regularly in some order. It was felt a prerequisite concept for telling time was that David would identify the events that happened in his day in the proper order.

The nursing home staff was contacted to determine what routine activities David was involved in there and in what order they occured. The team drew some pictures of David getting up, getting dressed, getting in the van to go to school, watching TV after school, having dinner, and getting a drink of water in bed before sleeping. The team took a snapshot of David doing morning language activities and then during afternoon prevocational period. The short range objective was: Given pictures of the nursing home and school, David will be able to put the pictures in the correct order without mistake. Two of David's friends, Doug and Benjamin, were given the same objective and the same procedures were followed for them. Pictures of the same activities as David's were made for Doug and Benjamin.

Date Comp	LONG TERM OBJECTIVE
	David will have knowledge of the sequence of daily events.
Date Comp	SHORT TERM OBJECTIVES
9/15	David will put cards representing activities in his life in the proper chronological order with 80% accuracy by the end of the week.

The teacher held up the first picture, getting out of bed, and said "This is getting out of bed in the morning. Show me what you do next." When the students replied, she said, "Good, you get dressed after you get up." David had very little problem sequencing morning events after he grasped what the pictures represented and both he and the other children really enjoyed the picture game.

One adaptation was necessary. Doug and Benjamin had difficulty with the eating dinner picture. After incorrectly placing the picture third several times, the team realized the children thought the picture was breakfast! A picture of lunchtime at school was substituted and the problem was quickly overcome.

CLASSIFICATION AND NUMERATION: ELIZABETH

Not all school-age handicapped children are ready to work with academic tasks. For many, the development of personal autonomy skills is more crucial. However, in Elizabeth's case, cerebral palsy was associated with motor and speech problems as well as probable retardation. Her improvement in the use of the Communication Board in weeks demonstrated that she was eager and able to learn new concepts by imitation and that she could manipulate objects adequately with her hands. She understood many simple verbal directions and could especially follow those given with both a combination of words and gestures. On the following page is a checklist for Academic Skills filled out for Elizabeth.

Elizabeth had already accomplished tasks relating to the areas of cause and effect and representation. She knew what each figure represented and that putting certain figures on the board would have certain results. For example, putting up the drink sign would mean that someone would bring her water or juice. She had learned to match figures with objects and figures and signs to actions. The educational team therefore decided to work with her in the areas of classification and use of numbers. Their long range objective was that Elizabeth would be able to sub-group by colors. The short range objectives were:

1. When instructed to select 3 red items from a set including yellow, green and blue items, Elizabeth will do so 3 out of 5 times correctly.
2. When instructed to select blue items from a set including yellow, green, and red items, she will do so 3 out of 5 times correctly.
3. Using her fingers, Elizabeth will count items up to 3 with an adult, 2 out of 3 times correctly.
4. When given 6 blocks, 3 red and 3 blue, Elizabeth will separate them into 2 sets of 3.

The objects used had to be large enough for Elizabeth to grasp but small enough to be set in front of her. The team made blocks out of styrofoam and painted them different colors. Two large cardboard squares were also painted red and blue. Again, the activity was begun in a quiet corner of the room to ensure Elizabeth's attention to the task.

Name: Elizabeth
Date: Apr. 15
Observer: Jackie Winthrop

CLASSIFICATION/SERIATION
CHECK LIST

Acq. = Skill Acquired
Main = Skill Maintained
Gen = Skill Generalized

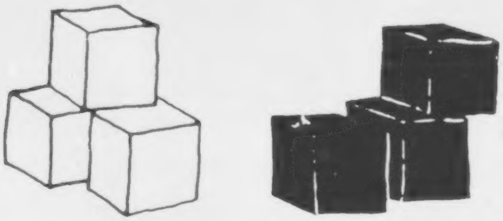
Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Discriminates size	+	+	+
2. Discriminates texture	+	+	+
3. Discriminates length	0	0	0
4 Discriminates quantity	0	0	0
*5. Discriminates volume	+	+	+
6. Names primary colors	0	0	0
7 Groups by function	⊕	0	0
8. Groups by color	⊕		
9. Groups by shape	⊕		
*10. Groups by size	⊕		
11. Orders by size	0		
12. Orders by length	0		
13. Orders texture	0		
*14. Orders by shade of color	0		
15. Discriminates by touch	0		

At first, three red blocks were placed in front of Elizabeth. The teacher then held up the red square and said "red" pointing to the square and each block, one at a time. She went through this procedure twice. Next, a blue and yellow block were added to the three red blocks. Again she held up the red square but this time she took Elizabeth's hand and helped her touch each of the three red blocks "saying red, red, red." The action was repeated until when she held up the square, Elizabeth touched the three red blocks independently. A green block was added and the entire process repeated. Both the teacher and the instructional associate worked with Elizabeth once a day until she mastered the task. When she reached the criterion for red, the teaching process was begun again with the blue square. Interestingly enough, Elizabeth learned to discriminate the blue blocks in less time than she needed for the red blocks; apparently she had generalized her skill from the first task to the second.



Counting instruction was more difficult, as the team had thought it would be. Color discrimination is based on vision as well as intellect, but number concepts seemed harder to teach without verbal language. Elizabeth could see colors in her everyday environment; numbers are not as obvious.

The teacher began by placing three red blocks on Elizabeth's tray, one at a time. As she set each block down, she held up one, two, and three fingers. The blocks were removed and three spoons, then three cars were substituted while she counted. Elizabeth looked completely confused and stayed confused during the following days. Nevertheless, the team continued the activity, believing that she would understand with repetition, since she had grasped other concepts with relative ease. But when Elizabeth frowned and appeared restless at the start of the activity, the teacher and IA agreed to modify their plans.

They decided to begin again with the concept of one. This time they brought a friend of Elizabeth's, Betty, into the activity. Elizabeth was directed to move her wheelchair next to Betty at the table, and both children were given six blocks. The teacher then turned to Elizabeth, held up the red square and indicated that Elizabeth was to give her one red block. Since there was only one red block on her tray, and she already understood the instruction "red" she gave her the red block.

Both Betty and the teacher clapped and the teacher gave Elizabeth a quick hug. Again they went through the process, using the blue block which led to more success. Before Elizabeth could get tired or frustrated, the activity was ended. Later in the day, Elizabeth was returned to the table and watched Betty and another child "Give me one" several times. Before long, Elizabeth too was handing one block to the teacher when she held up one finger and pointed to the blocks. When she was successful at that task, the team moved on to "two" and "three," again using the children as models.

Once Elizabeth had learned to count to three, the separation of red and blue blocks into two sets of three was demonstrated by Betty and the teacher. In a short time, Elizabeth mastered this skill too. She was ready to go on to other colors and other number concepts.

Having a child model the behavior you desire is often successful. Sometimes it is even useful in developing social interaction, since many children are pleased to be able to demonstrate their own competency. However, some children are impatient or just plain "bossy," and thus care is needed in selecting a model or helper. Fortunately, most classrooms have at least a few sensitive children who are willing to help others.

ASSIST Activity 1: *Functional Academics* — Unit 6

Objective: To list and illustrate the five areas of academic skills.

List and illustrate with an example appropriate to your class, the five functional academic areas described in Unit 6.

AREA	EXAMPLE
1. ______________________	1. ______________________
2. ______________________	2. ______________________
3. ______________________	3. ______________________
4. ______________________	4. ______________________
5. ______________________	5. ______________________

ASSIST Activity 1:

AREA

1. cause/effect
2. classification/seriation
3. representation
4. numbers
5. temporal relations

EXAMPLES

Answers specific to your situation

ASSIST Activity 2: *Functional Reading* — Unit 6

Objective: To determine sight words to be learned by group.

Determine the words the students in your class should be realistically able to read in order to protect themselves.

ASSIST Activity 2:

Answers specific to your situation.

Name:____________________
Date:____________________
Observer:____________________

CAUSE AND EFFECT
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Repeats behavior for interesting result			
2. Retrieves fallen object			
*3. Obtains hidden object			
4. Obtains hidden object (locomotion)			
*5. Obtains object (intermediate object)			
6. Encourages another for interesting results			
*7. Activates mechanical toy			

Sample Form

Name:____________________
Date:____________________
Observer:____________________

REPRESENTATION
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
+ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Indicates familiar objects			
2. Matches two sounds			
3. Matches identical objects			
4. Indicates objects by sounds			
5. Matches identical shapes			
6. Matches objects by primary color			
7 Matches picture to object			
8. Selects picture of familiar object			
*9. Matches action to picture			
10. Matches like pictures			
11 Identifies simple shapes			
12. Draws simple shapes			
*13. Recognizes name in print			
14. Identifies first letter of name			
15. Prints own name from model			
16. Draws numbers from model			
17 Draws figures with two body parts			
*18. Matches letter/numeral with model			

Sample Form

Name: ____________________
Date: ____________________
Observer: ____________________

NUMBER / TEMPORAL RELATIONS
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

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⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
NUMBER 1. Repeats numbers out of sequence			
2. Counts/points to 3 objects			
3. Counts/points to 6 objects			
4. Understands concept of one			
5. Puts objects in containers			
6. Matches 2 sets			
7. Tells more/less			
8. Counts 3 objects aloud			
9. Counts 5 objects aloud			
10. Counts 10 objects aloud			
11. Counts/Tells how many			
12. Understands concepts of 2 and 3			
TEMPORAL RELATIONS 1. Identifies routine events			
2. Recalls recent past			
3. Recalls major events in distant past			
4. "Long time" and "short time"			

Sample Form

Name: ______________________
Date: ______________________
Observer: ______________________

CLASSIFICATION/SERIATION
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Discriminates size			
2. Discriminates texture			
3. Discriminates length			
4. Discriminates quantity			
*5. Discriminates volume			
6. Names primary colors			
7. Groups by function			
8. Groups by color			
9. Groups by shape			
*10. Groups by size			
11. Orders by size			
12. Orders by length			
13. Orders texture			
*14. Orders by shade of color			
15. Discriminates by touch			

Sample Form

Instructional Unit 7

PERSONAL AUTONOMY SKILLS

INTRODUCTION

You have learned that the major goal of instruction is to enhance the functional skills of handicapped students so that they may become independent productive citizens. Therefore, consistent with the normalization principle, caregivers no longer focus their labor on doing things for the handicapped, but rather attempt to teach them to do as much as they can for themselves.

There are a number of benefits which result from making the effort to teach functional skills, even if at first it may seem like an impossible task. Let us explore some of the reasons why it is important to teach handicapped people to do things for themselves.

First, once a child learns a skill she can use it the rest of her life. Knowing the skill will save the continual effort of caregivers who otherwise would have to perform this task for her. Second, often one skill can be generalized to other performances; skills are interconnected. For instance, when a person learns how to turn on a faucet to wash her hands, she can use the same skill, combined with other skills, in getting a drink of water, brushing her teeth, doing a handwash, filling the teakettle with water for coffee, or washing dishes. Third, one skill is often thought to be a prerequisite for many other skills. The ability to turn a peg in a peg board in a rotating direction maybe a prerequisiste movement for turning the lid to a jar, turning a hose on to water the lawn, or turning the top on a thermos. A skill learned in one area may make learning in other areas quicker or easier. Fourth, and perhaps most important, a person who can do things for herself will have a different attitude about herself than a person who is dependent on others for each function of everyday life. The less dependent a person is on others the more that person will feel like an equal. If a handicapped person feels competent and equal, she will probably be more out-going and assertive and may demand recognition of her human rights.

Personal autonomy skills or self-care skills involve the combination and use of language, motor, and social skills brought together for the purpose of the handicapped person taking care of her own everyday living needs.

Interestingly, the particular skills which are considered important vary from society to society and over time. For example, eating with a spoon and fork are highly encouraged in our society but hardly important in societies which do not use those utensils. Even within our society the importance of a certain skills varies. Riding a subway is an important skill in New York City but not so in rural Kansas. Also the importance of certain skills changes as history advances. Making cloth from thread used to be a widespread important survival skill that is no longer valuable due to industrialized cloth-making. Therefore, it is necessary for educators to continually evaluate the personal autonomy skills they teach in light of social change.

This unit will cover four general personal autonomy skill areas which our society currently deems important. These are:

1. Feeding
2. Toileting
3. Dressing

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4. Hygiene/grooming

In the recent past (and too often today), public school programs presumed that children entering the primary grades have already attained these skills. In fact, any handicapped child who was unable to perform these skills was excluded from public school. Today, the inability to perform these skills is no longer a legitimate excuse for denying a child a free public education.

FEEDING SKILLS: ELIZABETH

A major goal for any child is the ability to feed herself independently in an adult manner. By doing so the child's opportunities to function in society are increased. However, some handicapped citizens with severe involvement of the upper trunk and/or extremities may always need assistance when eating. In these cases, every attempt is still made by the individual with help from her advocates to function in society as fully as possible. Indeed, many handicapped persons who need assistance when eating are productive, proud, dignified citizens. Not being able to feed oneself independently does not mean one cannot function in society; feeding oneself independently, however, does make social functioning easier.

On the next page is a developmental sequence for feeding which could provide your educational team a way of assessing feeding strengths and weaknesses. The educational team's initial observations of Elizabeth's performance indicated that she could feed herself solid foods using her fingers but that she had difficulty holding a spoon, cup or glass. She often pushed food off her tray in the process of trying to reach for it.

The educational team felt that Elizabeth would be able to feed herself fairly well with the use of adaptive equipment. They ordered a thick handled fork and spoon, and a cup with a lid that has a raised portion with holes for drinking. They got a sectional bowl with suction cups on the bottom that would hold securely to her tray. They encouraged Elizabeth to place her left hand in the restraining strap, since it was this hand's random movements that knocked things off the tray and interfered with use of her right hand. They found that by leaving Elizabeth alone (but supervised)

she was calmer and would take her time eating. They did have to cut her food up for her. Elizabeth wore a large bib with a pocket on the bottom to catch food, because at first she spilled about half of her food. They also rolled her wheelchair onto a plastic tablecloth which made cleanup time easier.

For the first few days Elizabeth whined and tried to communicate that she preferred to have someone else feed her. But the educational team refused to give in. They also made sure that Elizabeth's favorite foods were on the tray as a motivation for trying. At the beginning Elizabeth got only about one quarter of the amount of food into her mouth. The educational team had to keep putting the food from her bib back into her dish. But, after about two months Elizabeth was able to get about three-fourths of her food into her mouth on the first try. The educational team also shortened the bib so that Elizabeth could get what had fallen into her bib back on the spoon. At first Elizabeth often knocked her cup off the tray, but eventually she learned to place the cup so she could avoid hitting it as she ate.

One of the team's long range goals for Elizabeth was to have her eat independently with regular utensils and dishes. During free play they provided Elizabeth with such things as eating equipment and play dough or spoons and containers in the sandbox. During fine motor skill-building time they had Elizabeth practice lifting an empty plastic glass to her mouth. When she was able to do this they put small amounts of water in the glass. Elizabeth did spill about one-half of the time, but the educational team felt that a 50% success rate meant good progress for Elizabeth. They were especially pleased to see Elizabeth's own satisfaction with her new skills. They found that probably because of her success in this area she was more willing to try other new things in the classroom.

Date Comp.	LONG TERM OBJECTIVE
June 5	Elizabeth will feed herself independently after the food is on her tray.
Date Comp.	**SHORT TERM OBJECTIVES**
this week	1. With a thick handled spoon, Elizabeth will eat her lunch by herself. 2. Elizabeth will put the food which has fallen into her bib back into her dish. 3. Elizabeth will drink from the Special glass by herself.

When a child is not able to perform a personal autonomy skill, it usually takes much time to analyze and identify the particular prerequisite motor skills the child lacks. It also takes ingenuity to devise strategies which will lead to the acquisition, maintenance, and generalization of new skills. It takes creativity to pinpoint adaptations of the situation which will make the child's efforts more successful.

Common conditions which need adaptations for feeding are:

1. Body position — Is the child erect? Is the food reachable? Is the child comfortable?
2. Type of utensils — Are they shaped for ease in handling?
3. Type of food — Are the foods easy to eat?

In your role as an instructional associate, the more ideas and suggestions you can make regarding helpful adaptations, activities and materials, the more appreciated you will be.

FEEDING SKILLS: BRET

Unlike Elizabeth, Bret is capable of all the gross and fine motor skills needed for feeding himself. He can pull his chair up to the table, put the napkin in his lap, use the utensils competently, and chew any kind of food. Bret can do all these things, but, he does not do them! The educational team has decided that Bret needs some motivation for eating in a mannerly, socially acceptable fashion. Bret is very fond of listening to country music. The team believes that if they explain exactly how Bret is to eat, then offer him the record player after lunch when he successfully follows instructions, he might improve his eating habits. But, they realize that Bret often gets confused when they give him too complex instructions, so they plan to work on one step at a time. Specifically these are the things he must work on:

1. place chair properly at table and sit straight during meal
2. stay in seat for entire meal
3. use napkin correctly
4. use knife and fork in cutting correctly
5. eat quietly, close mouth to chew
6. drink and eat slowly

The first week the team rewarded Bret when he sat upright in his seat for the whole meal. The first couple of days they had to remind him several times during the meal. On the third day they decided to put a picture of a record player in front of his place. During the next three days he sat upright. The second week the team explained that he must not get out of his seat at all until he had finished the food. On the first day he did not earn the right to listen to records, but he did the rest of the week. After two months Bret was eating with vastly improved manners. Listening to records became a daily after lunch privilege, which he occasionally lost when he forgot his manners. The educational team was then able to focus attention on other children during lunch.

Date Comp.	LONG TERM OBJECTIVE
	Bret will consistently use better manners while eating.

TOILETING SKILLS

Toileting in our society is a private act. Hence, it requires independent functioning. Toileting also involves use of the genital organs. As a result, toileting is associated with many of the traditional taboos, fears, and apprehensions associated with human sexuality. These apprehensions, fears, and taboos of adults are often the basis for the unpleasant toilet training experiences of children. Children are told not to express themselves regarding feelings or sensations in the penis or vulva. Children are scolded for saying "pooh" too loud or "pee-pee" with a smile. In fact, these cues from children are extremely helpful to the sensitive adult in the toilet training process. Learning toileting skills does not have to be an unpleasant experience.

For the handicapped school child, however, toileting has often been a source of ridicule and embarrassment. Lack of toileting skills was once a primary reason for handicapped children being excluded from school, although fortunately, such requirements are no longer acceptable.

As an instructional associate, you must be sure that any apprehensions concerning human sexuality which you may have are not expressed to children. Teaching children shame or fear responses will probably interfere with learning toileting skills. You should deal with the acquisition of toileting skills in the same manner you deal with the instruction of other skills. Contrary to the traditional beliefs about the learning capacity of handicapped children, the most subtle negative responses of adults concerning toileting or sexuality are often picked up. Honest communication among members of the educational team concerning personal attitudes in relation to the instruction of toileting skills is essential.

TOILETING SKILLS: PAUL

On the next page is a developmental checklist for the assessment of toileting skills. The educational team's assessment of Paul indicated that he could not perform any of the items on the checklist. They did notice that when Paul soiled his pants, he would attempt to hide the fact rather than indicate displeasure. Given Paul's ability to perform many other complex personal autonomy skills well, the team suspected that a social rather than motor or language problem was at the bottom of Paul's difficulties. Another reason for their opinion was the apprehension Paul displayed when the instructional associate or teacher took Paul away from the classroom activities to clean and dress him. They reasoned that Paul was expecting some form of punishment.

The teacher decided to discuss Paul's toileting experiences with his mother. The mother explained that she had tried to train Paul when he was 18 months old. After much frustration for her and Paul she gave up. Then she tried again when Paul was two. Although he seemed to have a better idea of what he was supposed to do, he was still "stubborn" and refused to perform. She said that the toilet training incidents were very unpleasant for both of them. He would cry, scream, and

Name: Paul
Date: 10/2
Observer: Winthrop

TOILETING HYGIENE/GROOMING
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
TOILETING 1. Indicates when wet/ soiled	0	0	0
2. Uses toilet	/	/	/
*3. Indicates toilet needs			
4. Completes toileting/ attempts to wipe			
*5. Toileting independence			
HYGIENE/GROOMING 1. Brushes teeth	0	0	0
2. Washes face with soap	0	0	0
3. Washes hands with soap	⊕	0	0
4. Washes hands/face with washcloth	0	0	0
5. Dries hands/face	⊕	0	0
6. Bathes in tub	0	0	0
7. Dries body	0	0	0
8. Brushes/combs hair	0	0	0
9. Blows nose on command	⊕	0	0
10. Keeps nose clean	0	0	0

resist, then she would yell and get angry. She reported that it was less of a hassle for her at this point to simply clean and dress Paul when he soiled his clothes than to attempt toilet training.

The teacher and instructional associate agreed with the mother that toilet training was not an easy task. It was necessary for the team to demonstrate empathy, lessen the mother's feelings of inadequacy regarding toilet training, and enlist her willingness to work with the team on toileting skills. During the conference the team and the mother agreed to the long range goal: To toilet independently. They also agreed to the following instructional strategies.

1. The team would select a friend of Paul's with toileting skills as a model.
2. They would take Paul along when the friend used the toilet, praise the child who toilets and praise Paul for watching. This would show Paul that the toileting experience can be pleasant.
3. The educational team and the mother would try to ease Paul's apprehension by simply redressing Paul when he soiled his clothes without being positive (and thus reinforcing his inappropriate behavior) or punishing him. The intent was to treat the incident very calmly. They agreed that Paul's fear was adding to his difficulty to perform the task.
4. The educational team would attempt to have Paul sit on the toilet every 90 minutes for 15 seconds or whenever he indicated the need to toilet.
5. When Paul was successful, they would immediately praise him with a hug (his favorite reward). Then, the mother would begin to try toilet training at home.

The efforts of the educational team did not go so smoothly, however. Paul was very uncooperative during the first visit with his friend. He refused to watch and screamed his displeasure. Not until the team praised the friend and left the bathroom did Paul's outcries cease. After many visits and after Paul realized that he was not being asked to perform, he began to be more cooperative and pay attention. Then the team decided to implement the second short range objective.

The second objective was met with more resistance than the first. Paul cried and screamed when the instructional associate attempted to undress him. After several negative sessions, the instructional associate suggested to the teacher that they revise the objective and have Paul sit on the toilet with the lid down and his clothes on. Even though this strategy is contrary to the usual procedure (taking the child's pants down is often a helpful cue to the child), the teacher agreed that the adaptation was a good one.

Paul still resisted. The team then tried to limit the sitting interval to five seconds. Finally Paul was able to stay on the toilet for five seconds with clothes on and the instructional associate was able to praise him. After a while, Paul was able to accomplish the revised objective without the fearful responses.

However, when the team attempted to implement the original objective (pants down sitting on the toilet), Paul lapsed into resistant crying behavior. The resistance decreased as Paul learned that the five-second interval remained the same, and as the educational team demonstrated the same calm, firm, yet kind approach. In addition, through more precise observation of Paul, the educational team had identified cues indicating that Paul was about to soil his clothes (quick looks around the room followed by walking toward a classroom corner). At these times they would put Paul on the toilet in addition to the set intervals.

Finally, Paul began to use the toilet sporadically. As his apprehensions decreased, his successes increased. Soon he was toileting independently including wiping off after bowel movements. He even began to laugh at the "pooh-pooh," "pee-pee" joking of the other children in the bathroom. His mother visited the classroom for several sessions to take part in the instruction and praise Paul's accomplishments. Paul readily generalized his new skills to his home, and a long, tedious and rather unhappy ordeal for mother and child came to a close.

For children with more severe motor and language handicaps, toilet training can be even more difficult than for Paul. Again, it is often necessary to make certain adaptations to ensure better acquisition and generalization of skills. Common conditions to be on guard for include:

1. Position — Is the child positioned on the toilet in such a way that she can perform? Is the child securely positioned? For example, some children with gross motor balance problems may need a bar to hold on to. Most school children find it helpful to put their feet on a box.
2. Type of toilet — Although the goal is to use the standard toilet appropriately, it may be necessary to use modifications such as a potty chair or potty seat to make the opening of the commode smaller, a front guard on the chair for boys, or a wheelchair height toilet, to encourage skill development.

As always, the goal of the educational team is to modify the conditions from individual assessment information to make sure that the objective, strategies, and activities are successful.

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DRESSING SKILLS

Dressing skills are a concern for members of educational teams serving nonhandicapped, mildly handicapped, and severely handicapped children. Most young school-age children also struggle with shoe tying, buttoning and zipping coats. Severely handicapped children may be having problems at a different developmental stage, for example, pulling off socks. Since this personal autonomy skill area is one in which many children are involved, it can provide a basis for normalized mainstreamed classroom activities in the primary and intermediate grades. Dressing skill instruction can be individualized to meet the child's needs while integrating the child at the same time. For example, the handicapped child can put the coat on while the less handicapped child buttons the coat for her. The handicapped child can pull the doll's clothes off, the less handicapped child can then dress her, or whatever.

Children are quite able to recognize different skill levels among themselves. Also if the situation is properly arranged, they can modify their play activities to accommodate these difficulties and have fun doing so.

DRESSING SKILLS: CRAIG

At the end of the Unit is an assessment checklist of common dressing skills in a developmental sequence. Like other personal autonomy skill areas, dressing skills require the use and combination of various prerequisite motor, language, and social skills. Therefore, when the educational team was assessing Craig dressing, they knew they had to take into account their previous assessments. They also realized that Craig's difficulties with receptive and expressive language skills would affect his performance in dressing skills. Except for gross motor balance difficulties, they did not feel the motor or social skill areas would present difficulty. Lastly, they knew that the child's hearing and visual impairments would require certain adaptations to the instruction for Craig.

As evidenced by the checklist, Craig could take some clothing off, but putting clothes on was difficult. The observations of the educational team indicated that taking socks off, in particular, was a form of isolated play for Craig. The team also felt that much of the difficulty Craig was experiencing in learning to put clothes on was a result of his problems with language. It was necessary, therefore, to use the instructional strategies and adaptations devised for the language area to teach these personal autonomy skills, also.

To begin with, the teacher chose the long range objective:

Craig will put his socks on without help.

Short range objectives from the long range objective were:

1. When given the direction "Pick up the sock," Craig will, with the physical assistance of an adult, pick up the sock.

2. Craig will complete the previous short range objective without assistance.
3. When given the direction, "Hold the sock open Craig" Craig will, with physical assistance from an adult, ready the sock to put on.
4. The previous objective will be done without physical assistance, 3 out of 5 times.
5. When given the direction "Put the sock on Craig", "Craig will, with physical assistance, put his sock on.
6. The previous objective will be done without assistance, 3 out of 5 times.

The educational team had discovered in earlier assessments of Craig's receptive language skills that tapping the floor or table near the object Craig was to pick up was a nonverbal communication that Craig understood better than verbal direction. Since Craig was probably going to gradually lose his hearing, the team always tried to use nonverbal gestures along with verbal communication and gradually move Craig away from sole reliance on verbal communication. The team also discovered that for Craig, a big hug was the favorite reinforcement.

In the process of instruction, Craig accomplished behavioral objective one and two even without the tapping cue. Readying the sock to put on with assistance was also accomplished but readying the sock independently and putting it on were quite difficult. He had difficulty getting his foot in the opening and, when he did, the heel of the sock was often to the side or on top. The team adapted the instructional process by using a larger pair of socks with a paper clip at the top center to guide Craigs efforts. Then they began to use regular socks as Craig's new skill was refined.

Certainly the educational team gained an appreciation for just how complex dressing skills are. Inside-out, front, back, open, and pull, were just a few of the language concepts involved in the task.

What was tremendously gratifying to the team, however, was that Craig had learned to respond to a set of procedures that soon benefited him on other skills. He learned by means of a combination of physical assistance, "tapping" nonverbal cues, and verbal cues. When the educational team moved on to putting on pants (elastic belt) and pull-over shirts (wider than normal head opening), the groundwork set in learning to put on socks helped Craig immensely.

The team also had Craig play with other children dressing dolls. Before Craig undressed the dolls and his friends had dressed them, but with instruction Craig began to dress them also. Putting on funny hats and adult shoes, or large smocks for art, reinforced both dressing skills and language skills (on, off, in, out, arm, hand).

In the area of dressing as for other personal autonomy skills, difficulties with prerequisite motor, language, and social skills will usually cause problems. Various adaptations can be made to lessen the effects of these difficulties. As you gain experience, you can assist the teacher greatly by pinpointing particular conditions which make the problems worse, and then by creatively modifying the situation to overcome the problems. Common conditions that need adaptation in the area of dressing are:

1. Position — Some children put pants on best on a chair, some on the floor, and some against a wall. Experiment with different positions, if need be, until the best position for the individual child is found.
2. Clothing — Some clothes eliminate the need for complex dressing skills such as beltless pants, slip-on shoes, and pull-over shirts. Other clothes make complex and dressing skills easier such as large button or large zipper coats, or buckle shoes. Some types of clothes such as nylon and clinging knits are more dificult to pull on. Try to anticipate any problems associated with particular articles of clothing when teaching dressing skills.

Finally, remember that handicapped children like all children deserve to have as pleasant an appearance as possible. Avoid the continued use of baggy or unfashionable clothes once the child has acquired a particular skill. It is possible to provide the child with easy-to-use clothing that are still attractive which will encourage independent functioning.

HYGIENE/GROOMING SKILLS

Hygiene/grooming skills essentially involve skills associated with bathing, washing, teethbrushing, hair combing, and nose blowing. While most children acquire these skills through explanation, or modeling parents, many handicapped children need arranged instructional opportunities to gain these skills. Less handicapped and normal children will need to refine their skills (brushing teeth in the medically preferred manner, washing with less spilling). So once again, hygiene/grooming skills provide an area of learning activities that are relevant to children of various developmental levels.

An assessment checklist for the major hygiene/grooming tasks follows at the end of the Unit. Gross and fine motor impairments can cause difficulties with hygiene/grooming skills. Standing at a sink reaching for soap, or working soap in the hands, can be very difficult tasks for some children. Understanding the words soap, wash, dry and communicating pain from soap in the eye or a "runny nose" can be serious problems for language impaired children. Fear of water, or lack of opportunity to use hygiene tools and materials, are social problems which may interfere with instruction of these skills. The assessment process should provide the educational team information concerning: a) the child's current hygiene/grooming skill performance, b) prerequisite motor, language, or social skill difficulties which are hindering hygiene skill performance and c) conditions in the environment which are interfering with the child's performance.

GROOMING SKILLS: CELESTE

As we can see from the checklist, Celeste was able to perform all the hygiene/grooming skills. But, Celeste still had problems in keeping herself clean and attractive. Twice a week Celeste had showers after gym and she was supervised in showering, as well as in washing, drying and brushing her hair. She also spent two hours a week in the clothing-care center and had the opportunity to wash and iron clothes which she brought from home. Even though the instructional team felt that she kept reasonably well-groomed through these school programs, they realized that she would soon be full time in the workshop program and then would have to perform these procedures at home. They determined that the major problem was getting Celeste to monitor her own performance of the skills. They both felt it would be better if they did not assume the "policeman's role" in getting Celeste to attend to cleanliness and appearance. It happened that a classmate, Ruthie, had similar problems. The IA volunteered to meet with the two young women and try to get them interested in helping each other.

So the IA, Celeste, and Ruthie met during lunch break one day to talk about what it would be like at the workshop. Both girls agreed that it was important to "look nice". They made a checklist of all the "things to do to look nice".

take a bath (wash all over),
wash face and hands 3 times daily,
brush hair 4 times daily,
wash hair 2 times a week,

Name: Celeste
Date: 12-10
Observer: SALLY A.

TOILETING HYGIENE/GROOMING
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
Ⓒ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

	Acquired	Maintained	Generalized
HYGIENE/GROOMING 1. Brushes teeth	+	+	0
2. Washes face with soap	+	+	0
3. Washes hands with soap	+	+	0
4. Washes hands/face with washcloth	+	+	0
5. Dries hands/face	+	+	0
6. Bathes in tub	+	+	0
7. Dries body	+	+	0
8. Brushes/combs hair	+	+	0
9. Blows nose on command	+	+	0
10. Keeps nose clean	+	+	0
11. Washes hair	+	+	0
12. Dries hair	+	+	0
13. Washes underarms	+	+	0
14. Uses deodorant	+	+	0
15. Cleans nails	+	+	0
16. Clips nails	+	+	0

brush teeth 2 times daily,
wear deodorant,
wear clean clothes,
keep clothes repaired,
wear clothes that go together.

Ruth and Celeste agreed to "help each other out" by getting together everyday and "keeping track" of how they were doing. Sally, the IA, helped them make a checklist, but they were to remember to do it by themselves. They also decided to tell each other ways that they would "look better". Sally and the teacher decided not to check on them, but rather remark favorably whenever they were well groomed.

Date Comp.	LONG TERM OBJECTIVE
Dec. 20	Celeste will perform grooming skills by herself without being reminded.
Date Comp.	SHORT TERM OBJECTIVES
Sept. 30	Celeste will perform the hair care skills on the checklist and will check each skill off on completion every day.

HYGIENE SKILLS: ELIZABETH

Elizabeth is a child with many allergies who often has a "runny nose". She also drools and her tray is frequently wet and sticky. The instructional team felt that she should be encouraged to keep her nose, mouth and tray wiped by herself.

They believed she would look better and would be less apt to catch colds or get infections if her face was clean. The instructional team had another reason for wanting to transfer the responsibility of keeping her face wiped to Elizabeth. Perhaps due to the constant wetness, Elizabeth's face often had a rash and hurt when they wiped it. As a result Elizabeth usually whined when they approached her with a cloth or tissue, then proceeded to thrash her head back and forth to avoid their touch. They both wanted to avoid this negative but necessary interaction.

Elizabeth had trouble reaching anything that was not on her tray, so the instructional team decided to clip a small tissue box to the corner of her tray and tape a paper bag for waste disposal to the side of her wheel chair.

But, before Elizabeth could begin the program of achieving independence in this area, she had to learn how to blow her nose and wipe it, and wipe the saliva from around her mouth. The team task-analyzed the process and worked on the complex skills one at a time.

1. reach for tissue,
2. grasp tissue (close fingers on tissue),
3. bring tissue to nose,
4. unclasp fingers,
5. press gently to nose,
6. blow nose (one nostril then the other to protect the ears),
7. close hand gently around nose,
8. drop tissue in disposal bag.

The teachers decided that they would check Elizabeth every 15 minutes to see if she had wiped her face. If her face was fairly clean she would receive another square of a Spiderman comic for her book. When the book was full (20 pictures) she could take it home. She loved books, especially comics, and so was motivated to continue the task. The teachers explained their plan to Mrs. Dodson, Elizabeth's mother, and she decided to follow-up with this procedure at home.

They decided to approach the task with reverse chaining. During fine motor period they had Elizabeth drop a wadded-up tissue into the disposal bag. When she had accomplished this step they taught her to hold the tissue to her nose, then wad it up and dispose of it. Next they modeled blowing the nose and after much effort she was able to approximate the behavior. (All her classmates had great fun showing Elizabeth how to blow her nose — even had the team giggling.) Gradually they worked backwards until she had accomplished the entire chain.

ASSIST Activity 1: *Personal Autonomy Skills* — Unit 7

Objective: To list the areas of instruction included in Personal autonomy skills.

List below the four areas included in the topic personal autonomy skills.

1.
2.
3.
4.

ASSIST Activity 1:

1. feeding
2. toileting
3. dressing
4. hygiene/grooming

ASSIST Activity 2: *Personal Autonomy Skills* — Unit 7

Objective: To demonstrate knowledge of basic concepts in programming for personal autonomy skills

Fill in the blanks. Select the appropriate term or terms from the list below:

1. The major purpose of teaching students personal autonomy skills is so that they will become more __________ .

2. __________ __________ are frequently needed in teaching multihandicapped children to eat independently.

3. Dressing skills as with other personal autonomy skills requires social, __________ , and __________ skills.

4. __________ can help reinforce the teaching of many personal autonomy skills.

motor
language
reading
independent
parents
adaptive devices

ASSIST Activity 2:

1. independent
2. adaptive devices
3. motor, language
4. parents

Name: ____________________
Date: ____________________
Observer: ____________________

PERSONAL AUTONOMY FEEDING
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Opens mouth			
2. Sucks liquid			
3. Anticipates feeding			
4. Recognizes bottle/ opens mouth			
5. Eats from spoon			
6. Reaches/grasps bottle			
*7. Places bottle in mouth			
8. Chews/swallows semi-solid food			
9. Feeds self with fingers			
*10. Chews/swallows finely chopped food			
11. Drinks from cup			
12. Uses straw			
13. Uses spoon			
14. Holds fork			
15. Uses napkin			
*16. Pours liquid			
17. Spoons from serving bowl			
18. Cleans spills			
19. Uses knife to spread			
20. Uses knife to cut (with fork)			
*21. Uses eating utensils			
22. Clears place at table			
23. Helps set place at table			

Sample Form

Name: ____________________
Date: ____________________
Observer: ____________________

DRESSING
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Cooperates when dressing/undressing			
2. Holds arms/legs for dressing/undressing			
3. Puts on/takes off cap			
4. Pulls off shoes			
5. Pulls off socks			
6. Takes off shirt			
7. Takes off T-shirt			
*8. Takes off pants			
9. Puts on socks			
10. Puts on shoes			
11. Puts on T-shirt			
12. Puts on pants			
*13. Puts on coat			
14. Unsnaps clothes			
15. Unzips clothes			
*16. Unbuttons clothes			
17. Unbuckles belt			
18. Snaps clothes			
19. Zips Clothes			
20. Buckles belt			
21. Threads belt into pants/skirt			
*22. Buttons front buttons			
23. Ties laces			
24. Undresses			
*25. Dresses			

Sample Form

Name: ____________________
Date: ____________________
Observer: ____________________

TOILETING HYGIENE/GROOMING
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
TOILETING 1. Indicates when wet/ soiled			
2. Uses toilet			
*3. Indicates toilet needs			
4. Completes toileting/ attempts to wipe			
*5. Toileting independence			
HYGIENE/GROOMING 1. Brushes teeth			
2. Washes face with soap			
3. Washes hands with soap			
4. Washes hands/face with washcloth			
5. Dries hands/face			
6. Bathes in tub			
7. Dries body			
8. Brushes/combs hair			
9. Blows nose on command			
10. Keeps nose clean			

Sample Form

Instructional Unit 8

HOME AND COMMUNITY LIVING SKILLS

HOME CARE

Generally, during the first 8 or 9 years of a child's life she is gradually learning to assume responsibility for independent eating, toileting, dressing and personal hygiene. Usually sometime during their late elementary and teen-age years, children begin to help around the house. By the time they are adults through either practice, specific training, or observation, they are able to be efficient in home and yard care and are ready to take on a "head-of-the-household" role. Many of the tasks they may never have actually performed, but when confronted with a need they read directions, ask advice or in some way learn on their own. With the exception of a few areas, like cooking and sewing, most public schools don't include many home-care skills in their curriculum. They assume that typical children will learn on their own or in their own home setting. But, with handicapped youth, this assumption often cannot be made. And, these skills are important to individuals who hope to achieve some degree of independence.

Because of the common goal for independence in everyday life, many teachers make practice of home care skills an integral and major part of their program. This does not mean handicapped children will not learn to use their skills at home. On the contrary, this is one area where home-school cooperation is of great importance. It does mean that many home care skills are very complex and retarded or physically handicapped students will benefit by focusing on home-care skills in both home and school settings.

Home care is a complex area of the curriculum and could be approached in a variety of ways, but an often used breakdown is according to the area of the home in which the skill is used.

Kitchen:
- Cooking— stove top cooking (frying, boiling)
  - baking
  - broiling
  - chopping
  - peeling
  - cutting
  - slicing
  - stirring
- Use of Appliances— toaster
  - can openers
  - waffle iron
  - electric mixer
  - dishwasher
- Cleaning— washing dishes
  - rinsing dishes
  - drying dishes
  - washing tables and countertops
  - cleaning cabinets and furniture
  - cleaning appliances
  - emptying wastebaskets
  - sweeping floor
  - washing floor
  - waxing floor

	Table care—	setting table
		clearing table
		wiping table
Bathroom:		cleaning fixtures
		using cleansers
Living Room:		dusting
		waxing wood furniture
		vacuuming
		dust mopping
		shaking area rugs
		washing rugs
Bedroom:		making beds
		changing linens
		cleaning closets, drawers
Clothing care:	laundry—	sorting dirty clothes
		hand wash
		hanging clothes
		use of washer
		use of drier
		folding clothes
		ironing clothes
	mending—	buttons
		tears
		patching
Yard work:		raking
		mowing
		sweeping walks
		pruning shrubbery
		shoveling snow
		garbage can care

The instructional team will need to prioritize these skills in order to decide which to work on first. Three criteria to be used in establishing priorities are:

1. How useful is the skill for the student?
2. Can the skill be generalized to similar tasks?
3. Is the skill attainable given the student's functioning level?

DISHWASHING: BRET AND DAVID

For an hour every morning the pre-vocational youth class is able to use the school kitchen area. Usually Sally Morton, the IA, takes two or three students to the kitchen and works with them on a cooking or cleaning skill. Today Sally is working with the boys on dishwashing skills. David already knows all the steps to washing dishes, but he tends to work quickly and often does not get them entirely clean. Bret, however, has trouble keeping with the task and often skips steps (like using the dish cloth or rinsing the soap off). Today David is "watching" Bret to see that he does everything right. Since their kitchen period is after breakfast, the kitchen staff has agreed to leave some dirty dishes to be used in this lesson. First, Sally requests Bret's attention and goes through each step modeling what is to be done. Then she steps back to observe. David is to interrupt Bret immediately when he skips a step or does something wrong. He is also to inspect the final product (dishes in the dish rack) to make sure they are clean.

At first Bret tries to leave the sink everytime David points out an error. But Sally firmly tells him he must continue with his job. On the whole the session went well, but twice they had to get clean rinse water because Bret had put a glass with soapy water in it into the rinse pan.

SEWING ON A BUTTON: CELESTE

One of the jobs for which Sally Morton, the Pre-vocational Youth class IA, has agreed to take responsibility is unobtrusively checking the clothes of the children as they come to school in the morning to see if they need repairs. If mending is needed, then Sally points it out and if there is time before school, she and the student immediately set to work to fix it.

Today Celeste has a button missing from her coat. With Celeste, because she is more competent in sewing than many of the others, Sally mainly supervises and offers a few suggestions. She does help Celeste select a button from the button box that is a fairly close match to the others on her coat. Celeste is able to choose thread color, cut the thread, thread the needle and tie a knot in the thread by herself. Celeste does get the thread tangled, so Sally advises her to start again with a shorter thread. When the button is sewed on, Sally again has to intervene and tell her to take some extra stiches to make sure the button is on securely.

Date Comp.	LONG TERM OBJECTIVE
June 6	Celeste will be able to perform sewing repair tasks

Date Comp.	SHORT TERM OBJECTIVES
Dec. 6	1. Celeste will be able to select a button that is a good match. 2. Celeste will choose appropriate thread color. 3. She will cut the thread the correct length. 4. She will thread the needle. 5. Celeste will tie the knot at the end of the thread. 6. She will find the correct location on the cloth to sew on the button 7 Celeste will sew the button on. 8 Celeste will tie a knot and cut the thread.

COMMUNITY LIVING SKILLS

Handicapped individuals have often been isolated from the rest of the community and segregation has resulted because they have been grouped either in institutions, special schools or self-contained special classrooms. Today many special educators are working to get recognition of the rights of handicapped people to fully participate in the events and activities open to the general public.

In response to the pressures from different organizations founded to aid handicapped citizens, such as United Cerebral Palsy Association, Epilepsy Foundation, and National Association for Retarded Citizens, many changes are being made to accommodate the special needs of handicapped citizens. For example, shopping centers and public buildings are being built or remodeled with ramps, wide doors, and special toilet equipment. Parking lots often have some spaces close to entrances of buildings with signs "For Handicapped Only." Some television programs, especially on educational networks have written subtitles for deaf viewers. These changes have meant progress toward barrier-free living for handicapped citizens.

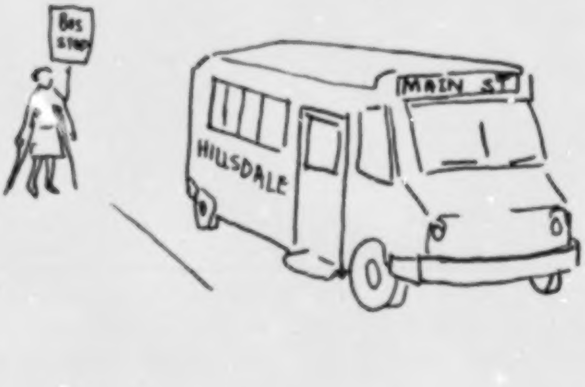
Public awareness campaigns have been funded to make other people aware of the needs and rights of handicapped individuals with the hope of making others more comfortable with handicapped people and more willing to accept them and interact with them. As educators, among your most important roles will be helping your handicapped students gain skills which will allow them fuller participation in the community and gain the confidence and motivation to do so. You will also need to work with families to counteract a tendency to overprotect their handicapped offspring. Handicapped citizens have the right to experiment and take risks in their everyday lives and personal relationships, just as non-handicapped people do.

There are five aspects of community living skills which will be focused on in this section:

1. community mobility
2. consumer education
3. introduction to supportive services or agencies
4. use of recreation and entertainment facilities
5. vocational skills

COMMUNITY MOBILITY

Simply stated, community mobility involves skills which allow the students to get around in the community. The choice of means of transportation depends on the functioning level of the student. Very few handicapped individuals will be able to own or drive a car. We are a car-dependent society, but many communities offer other kinds of transportation systems and many handicapped students can be taught to use them. They can learn to use buses, subways, taxis, or bicycles. In small communities teaching students walking routes from one place to another may offer sufficient mobility.



There are a variety of ways the educational team can encourage independence in this area. Always allow the students to go on their own when they are capable of it. They should be able to go from one classroom to another or to the lavatories or lunchroom by themselves. Even if school regulations state that they be accompanied by a staff member, that person can take a passive role and let the student lead and initiate in the process.

When the class goes on a field trip or to some recreation like bowling or swimming in another location, the group should take public transportation or walk, rather than taking a school van. When a taxi or a bus schedule has to be used the students should do the figuring and make the arrangements (such as calling or getting to the bus stop) on their own. Parents should also be aware of what students can do by themselves. The more practice students get with community mobility, the more capable of independence they will eventually be.

Other skills important for community mobility include understanding directions, perhaps reading a map, writing names, addresses or phone numbers (or getting someone else to do it for them) or making sure identification papers accompany them in the case of persons who are non-verbal.

COMMUNITY MOBILITY: BRET

Bret has always had problems doing anything independently. The instructional team believes that Bret would be capable of more if they could get him to attend to and follow instructions. In fact, following directions and sticking to tasks were listed as the most important long range goals on his IEP. One of the areas which they have decided is an appropriate area to target is the development of these skills in community mobility. They have defined two separate, but related tasks that they will work on this week.

Long Range:

1. Bret will become more independent in getting from place to place in school.

Short Range:

1. Bret will go to and from the lunchroom on his own at the direction of his teachers everyday this week.
2. When accompanied by the instructional associate, Bret will bring waste paper for recycling from the classroom to the Recycle Center two times a day this week.

To achieve objective number one the team felt they must concentrate on giving Bret simple, specific directions. Sally, the instructional associate, will take Bret's face securely between her two hands and tell him, "walk to the lunchroom now." She will then watch out the door while he goes. If he goes the wrong way or dawdles, she will quickly get him and take him back to the classroom and repeat the directions. She will repeat this procedure until he walks directly to the lunchroom. When he arrives, the teacher, Amanda Fisher, will pat him on the back and say "good job, Bret, you walked to the lunchroom alone." They will repeat this for the return. They chose the lunchroom as a destination because, like most people, Bret is fond of eating and might be motivated to follow that direction. In Hillsdale there is a policy which states that students must be supervised by teachers at all times. That is why Sally placed herself in the hall where she could watch, and they arranged that Amanda would be in the lunchroom with the rest of the class on his arrival.

The second behavioral objective involved a more complex and unfamiliar task. Bret had not gone to the Recycle Center on his own. But, next year when he is 18, he will probably start to work there. So, the teachers felt this might serve as an introduction to smooth the eventual transition to that placement. Therefore, two times a day Sally would hand Bret the recycle wastebasket and, again taking his face in her hands, would tell him, "We will take the waste paper to Recycle." Then, taking his arm (for the first few times) she would guide him to the Recycle Center. When there, she would praise him for doing well. Gradually, Sally would reduce her shaping of his behavior or verbal prompts as he performed the tasks independently. She also would only praise him after he had performed a large chunk of the task and not after each successive step. For example, after he arrived at Recycle and had dumped the paper, she would say "Good, Bret, you came all the way by yourself and emptied the basket."

CONSUMER EDUCATION

Consumer education basically involves shopping and spending skills, whether for food, bus fares, clothes, other supplies, or entertainment. Even students who are not capable of handling large sums of money or who may be non-verbal or non-readers, can make use of adaptive

techniques to allow them more independence. Pictorial shopping lists are available, or can be made, and pictures of coins and bills can be used to show correct amounts for items. Again, the key to learning in this area is practice in a real setting. Students should spend time in real stores, getting to know where products are shelved or how to select between two similar items. They need practice interacting with clerks using their own personal means of communication, whether gesture, pictures or speech.

CONSUMER EDUCATION: PAUL

The instructional team of the multiply-handicapped primary class have begun to teach money concepts to their students. They use pennies in counting activities and use play money in their pretend store. They have noticed that most of the children have little idea of the value of money and so have decided to have the children save small amounts of money each week to spend on different things. Each child in the class has a potato chip can bank and they are paid for doing certain tasks. Then, periodically the team will take a trip, for example, to the grocery store to buy apples, to an ice cream store for cones or to a variety store to buy balloons or flower seeds. Sometimes the children pool all their money to buy something they want for the classroom, like goldfish and a glass bowl.

Long range goal

1. Paul will learn that money comes in different amounts.
2. Paul will learn money has value in exchange for other objects.
3. Paul will learn to save money for things he wants.

CONSUMER EDUCATION: BRET

Bret seems generally not to be aware of what is happening around him. The instructional team is concerned with getting Bret to attend to people and routines in his environment. Bret takes hot lunch at school and his mother has always paid the school by the month. The instructional team has decided that Bret needs to understand that people pay for things they get. So they ask Bret's mother to give Bret his lunch money everyday. Bret then pays for his lunch as he goes through the lunch line. Through this experience Bret may become aware that people pay for food, that you have to give people a certain amount of money for certain things, and that you sometimes have to wait for change. It also forces Bret to interact with the school cashier and keep track of his money all day.

CONSUMER EDUCATION: CELESTE

Celeste has been fortunate because her mother has always taken her shopping and allowed her some independence in selection of goods and use of money. But, Celeste has a tendency to be hasty in her choices, be careless with her money and often selects items she does not need instead of ones she went to the store to buy. Therefore the instructional team decided that Celeste should learn to be more deliberate and controlled in her shopping habits. They decided to have her plan ahead and check after shopping to facilitate these skills.

So, on the day the class goes to shop the instructional team has Celeste write down the things she needs and what she thinks they will cost. Then they discuss the items with her to see if she really needs all the items. They remind her she is saving money for a winter coat and the more she spends now the longer it will be before she has enough money for a coat. Then they discuss how accurate she is in guessing prices. Then Celeste gets only the money she will probably need to take along. When they go to the store Celeste uses her list to select items. Sally helps her find the lowest priced item. When she is done selecting goods they have her write the prices down and add them up. They have her subtract from what money she has. If she does not have enough money they have her compare prices with her list. She will have to decide what items to return so that she will have enough to pay for them. Then Celeste will go through checkout. Afterward she will compare the change she receives with what she expected to receive. Although this process is time-consuming, and when on her own Celeste will probably take short-cuts, the team believes that these procedures might make her think more about what she is doing and be less careless.

Date Comp.	LONG TERM OBJECTIVE
By June	Celeste will learn to be a careful shopper.

Date Comp.	SHORT TERM OBJECTIVES
Feb. 27	Celeste will write down what she needs to buy. (Copy from the word/picture shopping list.)
Feb 27	Celeste will guess the approximate cost of things on her list.
March 13	Celeste will select items from her list at the store and put them in her cart.
March 13	Celeste will figure out how much money she needs for her items.

INTRODUCTION TO SUPPORTIVE SERVICES OR AGENCIES

Severely handicapped students are rarely able to live completely independently in the community, but they probably do not need as much supervision and control as we have traditionally provided them. Instead of one agency such as a state hospital for the retarded, delivering all the needed (or unneeded) services, other community agencies are assuming responsibility for delivering services for specific needs. And, it must be remembered, that these needs vary with each handicapped individual.

Some handicapped people will work in sheltered workshops all their lives, others will use Vocational Rehabilitation services to train them in work skills and then help them find competitive employment. Some handicapped people and their families will need funds from Crippled Children through the Department of Welfare to help finance special medical problems. Some handicapped women will need Aid for Dependent Children services or need to know of Well Baby Clinics, to help them raise their families. Others will need to be in contact with Planned Parenthood especially if they are interested in being sterilized when there is no intention of having children or help them obtain temporary contraceptive devices if they have not made up their minds. Students with frequent seizures may want to join a support group through a local Epilepsy Foundation to help them understand and accept their condition or help them find the best medical attention in their locale.

USE OF COMMUNITY AGENCIES/SUPPORTIVE SERVICES: CELESTE

Like most eighteen year-olds Celeste is interested in dating. She is fairly independent in the community and at school and the instructional team has noticed that there is a lot of physical contact between her and the young men. During a parent teacher conference, Mrs. McDonald brought up her concern about Celeste's being "too loose with the boys" and her fear that Celeste "will get into trouble". The instructional team gave her support for expressing her concern and asked what she thought they might do to help. Her teacher related that wanting to date and have sexual relationships is "common and natural for a young woman her age". The teacher, Amanda Fisher, asked Mrs. McDonald if she had thought about having Celeste get some kind of birth control. At first, Mrs. McDonald balked at this idea and indicated she would probably restrict some of Celeste's freedom so that she could supervise her better. But, later she agreed that this would make Celeste very unhappy and that it would probably be an impossible task anyway. Mrs. McDonald admitted that she had never talked to Celeste about sex except to scold her for acting "fresh and loose around the boys". She did think that Celeste had probably learned a lot from her sister and friends, but that these sources were not in a position to give Celeste much really helpful advice in the area as they had too many problems of their own. (In fact, one of Celeste's older sisters had just had a baby that an aunt had agreed to raise).

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Mrs. McDonald decided that she would make an appointment for Celeste at Planned Parenthood and look into the possibility of Celeste's using contraceptives. But, after further discussion, she decided that she would have Celeste make the appointment herself instead, since Celeste did like to do things on her own. The instructional team showed Mrs. McDonald some of the sex education materials they had and they volunteered to talk to Celeste about the topic. They decided she should know how her body works, how a man's body works and should understand reproduction. They also felt that Celeste needed to think and talk about her sexual feelings and about her relations with men. They felt that in this area, as in most other areas, Celeste was emotional and impulsive and that she needed to think about her behavior and look into the consequences of behaving in different ways. Amanada Fisher told Mrs. McDonald that Planned Parenthood had a good educational staff, as well as a medical staff, and that they would probably be able to give Celeste and Mrs. McDonald a lot of good information.

USE OF COMMUNITY RECREATION AND ENTERTAINMENT FACILITIES

All during their school careers handicapped students need to be encouraged to make use of local programs or facilities for recreation or leisure. Even preschoolers can be enrolled in a YMCA toddler gymnastic or swim program. The educational team can offer support to parents who attempt to get their handicapped children into regular programs that have traditionally discriminated against the handicapped. Girl Scouts and Boy Scouts, church groups, school clubs, Parks and Recreation programs should all have open enrollment policies. When it is felt that the handicapped student can benefit from participation, either because of the contact with typical children or because of the skills taught or recreation provided, they should be allowed to attend. Many special schools also offer extra-curricular activities and may be a good lesiure time outlet for handicapped youth.

It must be remembered that handicapped citizens have the right of access to all public buildings. They should be taught to use restaurants, movie theaters, public pools, parks or libraries. The fact that different handicapped people have different values and tastes must also be kept in mind. If a handicapped adult wishes to view an R-rated movie or go into a bar, this is her own choice.

USE OF RECREATION AND ENTERTAINMENT FACILITIES: BENJAMIN

Benjamin is a lively boy who always wants to be doing something and be in on things. Benjamin's mother, in contrast, tires easily and wishes Ben were off more on his own. Therefore, she has been looking into recreational options in the community for him. Benjamin is very social and lately he has been spending a lot of time with Lowell, a classmate at Hillsdale. Both sets of parents decided that the boys would appreciate company and that they could take turns driving them to things.

Benjamin and Lowell learned to swim a few years ago at Hillsdale School and were happy to go to free swimming at the Y on Saturday afternoon. They also signed up for volleyball on a weekday afternoon, but the instructor found that they could not perform as well as the rest of the team and often frustrated their team members in making errors at crucial points in the game. The instructor suggested that the boys sign up for a non-team sport instead, at least until they learned to play volleyball better. He got a volunteer to work with them and a few other "beginners" on volleyball skills once a week. Benjamin and Lowell joined the track program instead. In track they mainly worked to improve their own performance and were not a hindrance to a more skilled team.

There were a couple of movie theaters close to their neighborhood and the boys could walk to matinees when there was a good film. They also could take the bus to the bowling alley. The owner of the alley knew the boys from Hillsdale classes coming to bowl, and assured the parents that they were always well-behaved.

CAREER EDUCATION

The rights of handicapped individuals are being affirmed in a variety of areas by the courts and strongly supported by agencies representing the interests of handicapped citizens. In addition to rights to education and appropriate treatment, it is also being declared that the handicapped have a right to productive work and meaningful occupational opportunities.

Handicapped workers have proved themselves to be competent and productive in a variety of jobs. But, our country has been plagued with unemployment problems for many kinds of workers for many years. Minority groups, including the handicapped, are more affected by adverse conditions than others. In Chapter 2, there was a description of how handicapped people were recruited from state institutions to work in factories, hospitals and other places that needed workers during World War II when production needs went up and the labor force went into the armed forces. Thus, whether handicapped people get jobs or not may depend not on their willingness to work or their job competencies, but the condition of the job market in this country.

Most of us recognize that there are few things more important than the opportunity to work. Work helps a person to be independent and to feel sense of pride and accomplishment. Work is important to the handicapped because it helps to keep them constructively occupied. In fact preparation for successful working careers has been considered to be a key objective of all education. This position implies that all schooling consists of building prerequisities for successful employment.

Some handicapped people can qualify for jobs in the competitive labor market. Others need more supervision, but still can engage in productive work under sheltered conditions. Others, the more profoundly handicapped, may not be able to be productive, yet they still are entitled to be involved in programs that will maintain or develop their competencies. Many sheltered workshops have a section for their less able workers called "activity centers", or "transition programs" where they try to train people to be employed in sheltered workshops.

In order to be gainfully employed handicapped students must receive proper training and guidance. Usually the last few years of school need to be oriented toward teaching the skills and developing the behaviors necessary for successful employment. Helping the handicapped become economically productive requires more than just training in job-related skills. They must also be prepared socially and psychologically for work.

How is career education carried out? It's done in many, many ways. The theme of functionality which has been mentioned before is a central idea in the area of career education. All instruction should be relevant and functional. Language, motor skills, and all other areas, should be developed with a look to the future life and the future career of the student.

An awareness of self is necessary for everyone. This is an area of deficiency for many retarded students. The skills that a child or adolescent has may be known to everyone but the child herself. The handicapped student is frequently very aware of her weaknesses but not at all knowledgeable of her strengths. This building of realistic self-awareness can be an important role for teachers and aides of handicapped children of all ages. The image and reality of being a "good worker" at age ten will contribute to a student viewing herself and performing as a good worker at age 20.

Many people who hire handicapped workers in sheltered workshops or competitive employment feel that the particular skills needed for a job are not as essential as the proper attitude toward work and the presence of good work habits.

The classroom can be a realistic work or career center. Personal autonomy, safety, health and recreation skills, as well as functional academic skills discussed earlier, can be developed in the classroom and supported and encouraged at home. These skills will enhance the self-image and independence of students and will make their future careers satisfying for them.

Specific things can be done in the classroom to prepare students for work. Perhaps some of the "jobs" you or the teacher do could be done in part by some of the students. Usually, it is easier to do it yourself, but something like sharpening pencils could be done by students. For some students opening windows or turning on lights are experiences they need in order to learn about controlling and regulating their environment.

A visit to a sheltered workshop would be useful for students and teachers. The goal would not be to replicate the tasks performed in the workshop but to replicate the attitudes and desirable work habits. Many secondary level classes for example have time-clocks where students "punch-in" and "punch-out". This is not a pointless task. In addition to the training, attendance and tardiness records are kept. To perform any task for the sake only of doing the task is useless. Work should be meaningful as well as useful. Most workshops and factories have designated walking areas, marked by heavy tapes. Classroom floors could be similarly marked to facilitate movement. Many other aspects of the work environment can be transferred to the classroom.

Research has shown that many retarded citizens, who were never trained before, can perform complex work tasks. The horizons of opportunity are broadening for the handicapped because of advanced training methods and changes in public opinion. The goal of having the handicapped live and function in local communities without dependence on large institutions is becoming a reality.

The following represent some of the areas of concentration in vocational programs for handicapped youth:

1. *Vocational Counseling*

   Some handicapped students have little acquaintance with kinds of work available to them. They need to visit sheltered workshops and community settings where handicapped workers are employed. They need help in becoming realistic about what work they can do. A fifteen-year-old who wants to be a movie star, cowboy, or school teacher needs some gentle reality training about job requirements and his or her own job qualifications. The instructional team must help the handicapped student establish a reasonable plan for future employment taking the handicapped person's strengths, weaknesses, and desires into consideration.

2. *Skill Training*

   There are many specific skills related to workshop tasks and competitive jobs which can be taught to handicapped students in the secondary level classroom. Some of these skills overlap. These include the ability to perform tasks like sweeping, washing, polishing, making beds, doing dishes, and the use of cleaning or maintenance equipment. Many moderately handicapped individuals find jobs in the maintenance area for which a broad diversity of such skills are required. Other job skills are required for factory or sheltered workshop employment. These may involve use of fine motor skills such as screwing things together, cutting with scissors or knives, taping, assembling objects, or sorting pieces. Many of these skills are easily taught in the classroom setting. Employers claim that handicapped persons are sometimes inadequate in work performance because they can not perform enough tasks, have many accidents and do not maintain an expected level of quality. Vocational skills must be taught to overcome these complaints.

3. *Personal Adjustment Training*

   It may be necessary to provide personal and social training which will enable a handicapped person to get along with fellow employees or with employers. Again, some of the skills overlap with skill building in personal autonomy. An example is helping a student present a better appearance by engaging in adequate grooming procedures. Training also includes how to behave in social situations on the job. Role play may be effective for training in this area. Situations to practice might include:

   Responding to an employer's request.
   Being polite to supervisor and fellow employees.
   Handling a teasing situation.
   Dealing with criticism.
   Relating to others during break time.
   Listening to instructions for a new task.

Work preparation needs to include emphasis on the importance of punctuality and regularity in attendance. Actually, lack of social and personal autonomy skills are reported to be a prime cause for vocational failure among handicapped persons.

4. *Work evaluation*

   Usually it is necessary for the handicapped person to be evaluated in preparation for determining future job plans. Such factors as desire to work, degree of disability, personality characteristics, and work habits, need to be observed and assessed. This evaluation should provide a realistic plan for preparing the handicapped individual for future employment. It should become part of the Individual Educational Plan for older students.

5. *On-the-Job training*

   Perhaps the best training for handicapped citizens is on-the-job training, though this certainly requires good prerequisite training in the school setting. The NARC (National Association for Retarded Citizens) initiated an On-The-Job Training project in 1966 with the Bureau of Apprenticeship Training, Department of Labor. This program provides on-the-job training by employers who are reimbursed for training costs. For the 1977 fiscal year the Department of Labor allocated nearly a million dollars to train handicapped persons. This project focuses more on mildly and moderately handicapped, but with adequate preparation, the more severely handicapped students may become eligible for placement and services.

Since 1943 state vocational rehabilitation agencies have been charged with providing services to the handicapped. A substantial number of handicapped individuals have received the services of these state agencies. Vocational rehabilitation counselors usually require the individual to show potential to hold some kind of job available in the area. Therefore the more skillful and work-oriented your students are when they leave school, the more likely they are to be found eligible for vocational services.

Employment seems to have a positive effect on handicapped citizens. They become happier, and feelings of self-esteem and accomplishment are enhanced. Employment signifies the attainment of adult status, resulting in the acceptance of the handicapped individual as an adult by her family and the community. Obtaining earnings for work has many benefits. It enables the handicapped worker to make some decision about spending money and using her leisure time in her own way. It may reduce her dependency on her family and enable her to live more independently. Work frees the handicapped from idleness. Social and economic security may be obtained, allowing the parents some feelings of relief about what will happen to their handicapped offspring when they are gone. Finally, society profits from the productivity and economic contribution of the handicapped.

VOCATIONAL TRAINING: CELESTE

Celeste has an older sister who is a beautician. Celeste often talks about "quitting school and working in a beauty parlor". But, Celeste has trouble keeping herself well-groomed and the instructional team agrees with her parents that Celeste probably does not have the fine motor coordination or the social finesse to be a successful beautician. They do agree that with an understanding employer, Celeste would be capable of competitive employment.

One of Celeste's sisters worked in a motel as a maid until her baby arrived. Since then, the motel manager had called her sister several times to see if she could come back to work. Celeste's mother felt the motel people would give Celeste a chance at being a maid. Acting as advocates with Celeste's mother's permission, the instructional team talked with the motel manager and persuaded him to give Celeste a trial when school was over. At the last case conference, the parents, Celeste, and the instructional team made a list of the specific skills needed to be a maid in a motel as stated by the motel manager including:

1. Change sheets on beds (put clean sheets on very neatly).
2. Wash toilet, sink and tub or shower perfectly.
3. Vacuum the floor.
4. Wash and polish linoleum.
5. Clean table and counter tops.

Besides the specific skills they thought that Celeste would need some general practice inspecting rooms to see if they were perfectly in order. For example, she should check to see if drapes were straight, if the walls and doors were clean, or if drinking glasses were replaced with clean ones.

At the case conference they made sure that Celeste knew what a motel maid's job was like. Even Celeste agreed that she would probably work better if she worked alone since she tended to "fool around" when there were others close by. They told her that an advantage of the job would be that the hours were from nine to four so she could see her classmates and other friends in the evening.

SOCIAL ADJUSTMENT/PREVOCATIONAL SKILLS: BENJAMIN AND DEAN

The instructional team has found Benjamin to be very self-centered. He seems to think that everything should happen exactly as he wants it to happen and has reacted strongly when things do not go his way. The team knows that this attitude will make eventual job-adjustment or long-lasting friendships difficult. They want Benjamin to think of others and learn that he has to "give" as well as "get" in situations with others.

Benjamin has a classmate Dean, who is blind. Dean is a fairly verbal young man, and he and Benjamin have had some good chats together. Dean is quite able to find his way around the room because he has a good spatial sense, and he has been allowed to explore it thoroughly with his hands. But, Dean is not yet independent in going to the restrooms, moving around the lunchroom, or playing on the playground. The instructional team decided that Benjamin could help Dean expand his mobility beyond the classroom. They decided that it would be most helpful to start on the playground and have Ben act as guide. So, the team sat down with the two students and explained their plan. They made sure that Ben and Dean both understood that Ben is temporary guide. In fact, they called Ben "teacher's helper". He was to teach Dean what was on the playground, how to use the equipment, and how to find his way around. Ben was delighted with all the importance of his new job — but he became quite bossy about it. They had to take Ben aside and give him some "tips" about how to be a good "teacher's helper". But, Benjamin continued to boss Dean a little too much. So the team eventually resorted to threatening him with "being fired" if he did not let Dean make some decisions on his own about what he wanted to do on the playground. About the time the novelty of Ben's role wore off, Dean had become fairly independent on the playground. He had learned to listen for the sound of swings or other moving equipment.

Long Range Objective:

Ben will be able to give directions to peers in an appropriate manner.

Short Range Objective:

When guiding Dean on the playground, Ben will be able to safely direct and guide Dean without alienating Dean.

VOCATIONAL SKILLS: DAVID

While a resident at North State Hospital David developed a number of specific vocational competencies, mostly in the area of maintenance. The instructional team met with the vocational counselor to work out a long range program for David. It was felt that David could eventually work as a janitorial assistant in a school, hospital or office building. The educational team spoke with the school janitor, Mr. Booth, to determine what skills David was already capable of performing. However, Mr. Booth was resistant about having David work with him. He was concerned that he would be unable to communicate with David. He was eventually convinced to allow David to work with him for an hour each day. Mr. Booth soon realized that he had only to show David what to do and then he could complete the task. After a month David had total responsibility for cleaning the cafeteria floor after the lunch hour.

After a few weeks, the instructional team also talked to the management of the nursing home where David lived. The administrator expressed some of the same hesitations that Mr. Booth had expressed, but consented to hire David on a part time basis as a janitor's helper. He performed very well at this job, with minimal supervision. The nursing home has expressed a willingness to hire him full-time when he has completed his program at Hillsdale.

The team is optimistic about his eventual success and forsee that he will be able to maintain his job and an independent living situation with minimum supervision.

VOCATIONAL SKILLS: BENJAMIN

Benjamin is the unofficial messenger for his class as well as for two other classes in the wing where his class is located. He enjoys this very much and generally does a good job. He does however spend more time than necessary socializing along the way and occasionally is a distraction to the other students while delivering a message.

The instructional team decided that it would be beneficial for Benjamin to become more efficient and less of a distraction. The school secretary was also consulted since she liked Benjamin and occasionally had him do errands for her. A long range goal was to prepare Benjam[illegible] to deliver all of the mail that came during the day. He needed to learn to read the teachers' names and remember which room they were in. The team worked with Benjamin on this. They also sent home a list of the teachers' names so that his older sister could help him learn the names. At the same time, they began keeping a record of how long it took him to deliver messages. In addition, the other teachers noted whether or not he distracted their classes when he came in.

In about two months, Benjamin had learned to read all of the teachers' names and knew where their classrooms were. Each day at 10 A.M. he reported to the main office and delivered mail to each classroom in the building. The teachers co-operated by noting any errors in delivery or any distractions he caused. Generally, he was successful in his work. Occasionally he was asked to deliver packages that arrived later in the day.

SAFETY SKILLS

Learning safety precautions is important to all skills covered in this *Sourcebook*. The primary reason many handicapped individuals are so closely supervised is because others fear that they are likely to injure themselves or endanger others in their everyday life.

Safety skills are generally concerned with the avoidance of unsafe objects, safe use of common materials and equipment and use of social safety rules. Included here are some competencies related to keeping well and healthy.

A complete checklist of common safety habits or precautions would be too extensive to include here, but some common examples of safety skills in each area follows:

Personal Autonomy

Feeding — correct use of utensils
correct use of breakable or sharp items
recognize danger of hot foods
discriminate between foods and non-foods
recognize spoiled or damaged foods
know what not to eat (i.e., cleaning products, molds, medicines)
read precautionary signs (i.e., poison, not for internal use)

Toileting — correct use of hot water tap in sink, tub or shower
correct use of breakable equipment in bathroom area (i.e., glasses, glass bottles, razor blades)
know what to put in the toilet

Dressing — know weather-appropriate clothing
know how to use zipper properly
keep shoes tied
secure loose clothing when bike riding
loosen or do not wear tight articles of clothing

Hygiene/Grooming — discriminate between cleaning products used in mouth or on outside of body (soap vs tooth paste)
keep soap, lotions out of eyes, mouth
keep equipment clean

use own equipment (i.e., brush, tooth brush)
use razor correctly
use electrical appliances correctly (hair dryer, electric tooth brush)

Home Care

correct use of stove
know danger of hot pans, grease, water
know proper use of knives, peelers or graters
know proper use of electrical appliances
know to use clean water and towels or dish cloths
frequently empty wastebaskets and clean them
keep fixtures clean
change bed linen frequently
correct use of hedge clippers, lawn mowers, shovels

Community mobility

use sidewalks
walk on correct side of street to the edge when no sidewalk
use correct traffic patterns for biking
know crosswalk procedures with and without lights
sit down in moving vehicles
correct use of park and sports equipment
use pool rules
know to come home before dark
avoid dangerous locations
read precautionary signs (i.e. warning, slippery when wet, no admittance, etc.)

SAFETY SKILLS: BENJAMIN

One good way for Benjamin to get more exercise is for him to do some of the work around the house and yard. Ben's parents are elderly and would appreciate help with their large home and yard. Many of the other children have decided that they would like to learn some yard upkeep skills as well. Since it is fall, the instructional team decided to start with raking leaves. They had some students bring rakes from home and they practiced raking leaves in the school yard. They also learned how to mow the grass and clip the hedges. The team engaged the maintenance crew to help them with instruction. The students learned the proper use of all of the equipment and were introduced to some of the dangers of misuse of the clippers or mower. They each got a chance to use the equipment.

The instructional team sent a note home with the children which explained the students' new skills and encouraged the parents to have their children make use of their labor in yard upkeep at home.

Benjamin's mother decided that Ben would be more motivated if he got paid for some of the work. So they paid him a set wage for different kinds of work. His mother often gave him a "tip" of some extra cash if he did an extra good job or worked quickly.

SAFETY: CRAIG

As Craig continues to lose his vision he needs to be taught to get around his environment safely. The instructional team decided to tape record some sounds of common things, both dangerous and neutral, and have Craig learn to discriminate among them. They taped swings squeaking, playground merry-go-rounds rotating, cars starting up, bikes moving, trains, fire alarms, dogs barking, water boiling or food frying. Some other frequently heard sounds like footsteps, doors closing, telephones, or water running were also recorded. Craig and the other visually impaired children learned about dangerous situations by sound, while the other children also developed their auditory perception. In essence, by developing their hearing skills students increase their competencies in many areas. Listening well to words and sounds provides good training for phonics in learning to read or for building a vocabulary.

Long Range Objectives:

1. Craig will be able to discriminate dangerous and non-dangerous sounds.
2. Craig will be able to identify various dangerous sounds.

SAFETY SKILLS: BRET

Bret had been focusing on being more independent in getting around the school campus. He had been going to the Recycle Center twice daily to bring papers from the classrooms to be recycled. His route required him to cross a parking lot in which there was poor visibility for motorists. Usually there was not much traffic in the area at the time of day Bret went to the Center, but the instructional team still worried that he might be hit as he charged across the lot without looking in either direction. They also decided that it was time for Bret to learn safety habits around streets and parking lots. Bret's parents had never let him go anywhere unsupervised so he had never really had practice in stopping at curbs or looking both ways. Most of the other students in the class had already learned good safety habits around streets, but there were two children in the intermediate class who were just as casual as Bret. Therefore, Sally Morton agreed to work with all three students for a half an hour each day.

Sally took Bret and the other two outside to the parking lot. She asked for their attention. She explained simply "This is a street where cars go. You must stop when you get to a street. You must

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look this way and then this way (she shows them how). If there are no cars you can cross." Then they all practiced walking from the school building to the curb of the lot. They stopped at the lot. They did this many times. Then Sally had the students do it alone while she watched. She praised them for stopping at the curb. She made them start over when they didn't stop.

After a few days all three students stopped at the curb. Next Sally taught them to look both ways. She commented about whether or not cars were coming. When all was clear they walked across the parking lot. Then she let them practice without accompanying them both in the group and by themselves. After a couple of days Sally took them to other places where there were streets. She discovered that they charged out into the street. Therefore she went through the same procedures in each new setting. Finally, when they went to a new location all three students stopped at the curb, looked both ways and carefully crossed when the way was clear. Sally felt a real sense of accomplishment.

SUMMARY

Remember that a new important concept for educators of handicapped children is "the dignity of risk". Using tools, going across the street, or ironing clothes, all involve risk. Such risk must be taken by all citizens, however, to live fully. Depriving handicapped students of the chance to engage in normal "risky experiences" deprives them of dignity. Safety must certainly be considered at all times. Safety concerns, however, must not become an excuse for isolating handicapped students from everyday, yet potentially dangerous, activities.

One of the best ways to consider safety is to teach safety skills to students. There is much more dignity in monitoring one's own activities for safety, than to have others do it for you.

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Name: ____________________
Date: ____________________
Observer: ____________________

SAFETY
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Avoids hot stove			
2. Avoids electrical appliances			
3. Avoids electrical outlets			
4. Avoids playing with matches			
*5. Avoids broken glass			
6. Knows edibles/ non-edibles			
7 Properly handles sharp objects			
8. Uses tools in appropriate places			
*9. Crosses street			
10. Recognizes safety			
11. Knows playground limits			
12. Performs simple errands			
13. Walks to friends house			
*14. States full name, etc.			

ASSIST Activity 1: *Home Care* — Unit 8

Objective: To determine some specific home-care skills for the students in class.

List some specific home-care activities which might be carried on in your program which meet the criteria described in Unit 8 (useful, generalizable, or attainable given the functioning level).

ASSIST Activity 1:

Answers specific to your situation.

ASSIST Activity 2: *Community Living* — Unit 8

Objective: To demonstrate knowledge of some basic concepts involved in community living for the handicapped.

Fill in the blanks.

1. ________ and ________ are two physical barriers which prevent total community access to many handicapped persons.

2. Although some handicapped persons can drive, community mobility can be enhanced by using ________ , ________ , and/or ________ .

3. Many handicapped citizens can participate in recreational and entertainment facilities. ________ is a facility or agency in your area for this purpose.

4. ________ refers not just to jobs and work but to total community adjustment.

5. A safety skill appropriate for the students in your class is ________________ .

ASSIST Activity 2:

1. curbs, swinging doors, narrow doors, etc.
2. bus, taxi, subway, bike, etc.
3. Answer specific to your situation
4. career education
5. Answer specific to your situation

BEGINNINGS

Your *Sourcebook* was dedicated to the process of change. We believe that as an instructional associate, you can be a changing force in the lives of moderately and severely handicapped children. We also hope that through ASSIST you have changed — that through your pre- and inservice training you have gained knowledge and skills to become a more complementary and valued person to your teacher.

However, your learning and growth as an instructional associate does not end with this program. ASSIST is only a beginning. You should continue to build on the knowledge and skills you have gained from this training. It is through the dedication and enthusiasm of all members of the educational team that a new world of acceptance for the handicapped can be achieved.

SUPPLEMENTARY INSERVICE SESSIONS:

Film Descriptions and Suggested Agendas

SUPPLEMENTARY INSERVICE SESSIONS

The Supplementary Session Activities have been included as a means for your team to get together with other educational teams to discuss training problems and to share ideas. Your Local Director has been encouraged to hold these inservice sessions to give your team a chance to discuss the training free from day-to-day demands. While your team has undoubtedly spent time reflecting upon the ASSIST training and the content of the units before these sessions, it is often difficult to find enough time during the school week to talk with each other as often as you would desire. Hopefully, these inservice sessions will provide such an opportunity.

Unfortunately, in some programs, supplementary inservice sessions during the school week are impossible for the program director to schedule. In these cases, your team may, if you so desire, complete the activities on your own time. We strongly suggest that you do so. It is highly recommended that your team complete the relevant ASSIST chapters before attending the inservice sessions. You will find that these sessions will be more helpful if you do.

Three inservice sessions are suggested. ASSIST has outlined enough activities for each session to be three hours long. By eliminating some activities, or shortening the suggested time blocks, the sessions can be made shorter. By adding activities or extending time blocs, the sessions can easily be made longer. Perhaps, it is only possible for your program to have two sessions: one preservice and one inservice. Perhaps only one session is feasible. The schedules for the sessions are quite similar making it easier for your director or team to adjust. By not having to adjust to a new routine each session, you will find that your team will be able to make better use of this time as you progress through the training. At all times feel free to be flexible and modify the sessions according to your situation.

THE ASSIST FILMS

On the following pages is a description of the films which accompany this training program. These films were produced as a part of the original *Assist I: The Moderately Handicapped* program. For those teams serving severely or profoundly handicapped children, some of the instructional films may be inappropriate. ASSIST urges trainers to preview the films to be sure the films meet local needs. In this manner, trainers will also be better prepared to discuss the films in relation to the children they serve.

ASSIST FILMS: Program 1

REEL #1: *Pre-Service Films*

1. *Overview to ASSIST* 10 minutes

This film describes the purpose and intent of Project ASSIST. It focuses on the role of the teacher as a program manager and the paraprofessional as an instructional associate with particular emphasis on the variety of materials and media available for pre- and inservice training, i.e., *Sourcebook for Paraprofessionals, Teacher's Guide,* and four reels of 16mm instructional films for both pre- and inservice.

2. *Love of Job* 12 minutes

This film is an introduction to the instructional and non-instructional responsibilities of paraprofessionals. Produced in a light manner, this film has two major objectives:

a) to introduce the trainee to seven major responsibility areas, and
b) to reduce any anxieties or fears regarding future responsibilities.

3. *Complementary Roles* 6 minutes

This film is a general overview of the role of the team paraprofessional, duties of a paraprofessional, meaning of professional behavior, relationship of aide with his or her teacher, and importance of aides to special education.

Major instructional responsibilities and non-instructional duties are viewed as a vital part of the school program. The over-all theme is that of the teacher and the aide comprising a "dynamic teaching team."

Instructionally related and clerical duties are seen as important because they assist the teacher in her major planning and instructional tasks.

REEL #2: *In-Service Films*

1. *ASSIST Instructional Film: Marcia* 10 minutes

This is the first in a series of films that introduce the trainee to instructional goals and methods at each developmental level. The films are designed for multi-purpose usage. For example, this film may also be used to demonstrate reinforcement techniques and inexpensive instructional materials. This film illustrates how a language lesson may serve as a vehicle to train related skill areas.

2. *ASSIST Instructional Film: Michael* 10 minutes

This is the last of the films illustrating individual instruction at major functioning levels. This film illustrates self-help shopping skills by an adolescent male. This film also illustrates social and motor skills, reinforcement techniques and the use of non-commercial instructional materials in instruction.

3. *ASSIST Instructional Film: John* 10 minutes

This film is intended for those paraprofessionals who will be working with multiply handicapped individuals. It focuses on skills required to feed multiply handicapped students. It stresses language skills, techniques for muscle and tongue relaxation, and practice in attending skills for the student.

REEL #3: *Pre-Service Films*

1. *Normalization* 7 minutes

This film provides a brief historical overview to exceptionality and the roles which society has created for the exceptional individual. While it provides a broad explanation of the causes of retardation and classification systems, its major theme is the problems involved in labeling students. Normalization and rights of the handicapped are stressed.

2. *Instructional Process* 8 minutes

This film demonstrates the process of instruction from assessment to lesson evaluation and the role of the teacher and paraprofessional at each step. The film clearly delineates important concepts to preservice and the sequence of inservice training.

REEL #4: *In-Service Films*

1. *ASSIST Instructional Film: Task Analysis* 10 minutes

A reverse shaping procedure is employed to teach a dressing skill to a 16 year old girl. This film emphasizes language skills and management techniques.

SESSION 1: PRESERVICE CHAPTERS

To be most effective, Session 1 should be held early in the training, but after the instructional associate has had time to complete Preservice Chapters 1, 2, 3 and 4. Each team member should review the following agenda and come prepared to share ideasand ask questions.

First 60 minutes: View the "Overview to ASSIST" and "Love of Job" films, then meet in individual team sessions.

Each team should meet together to discuss the following questions: (Choose the most important for your team.)

What is the IA's relationship to other staff members (teachers, therapists) in our program?

What is the IA's relationship with, and responsibilities to, the children's parents in our program?

Are there any confusing or important legal matters that our team has not covered?

Is there any confusion regarding the school procedures, classroom routines, or classroom rules?

Is it clear how we go about rewarding positive child behavior and eliminating undesired behavior?

Does the IA understand the major ideas behind motor, language, social, personal autonomy, functional academic and home/community living skill development? How the areas are interrelated?

What is our school program's philosophy?

Is there any confusion regarding how she must implement certain learning activities in the classroom?

What aspects of the ASSIST training have been most helpful so far? Most irrelevant so far?

What problems is our team having doing the training? What can we do about them?

Is there any confusion regarding role responsibilities between the teacher and instructional associate at this point?

What other training does our team need?

Second 60 minutes: View the "Complementary Roles" film then break into small group sessions.

After viewing the film, each team should split up and meet with members of other teams in small groups. Each small group should select, or perhaps the program director will designate, a teacher to lead the discussion. Suggested questions or topics are included below to stimulate discussion. Feel free to discuss other important concerns.

Suggested small group discussion topics:

1. What problems are various teams having with the training so far? What can be done to overcome them?
2. Is there any content in the training so far that is really irrelevant? Really helpful? Why?
3. What topics have not been covered yet that really need to be discussed?
4. What particular problems are the teams having in their classrooms that ASSIST has not covered well enough? What can be done to overcome them?

End of second hour — break for 10 minutes.

Third hour: Large group session — View the film "The Normalization Process"

Each group moderator should provide a concise report of the major suggestions and recommendations which their group derived.

Last 30 minutes: Individual team sessions

Discuss with each other any new ideas which either team member obtained from the small and large group sessions. Time could be spent discussing any aspect of the training in relationship to your program or the particular students in your program.

SESSION II: THE INSTRUCTIONAL PROCESS, MOTOR, LANGUAGE, AND SOCIAL SKILL DEVELOPMENT

Session II should be held after the team has had a chance to complete Inservice Units 1, 2, 3, 4 and 5. Each team member should review the following agenda and come prepared to share ideas and ask questions.

First 60 minutes: View the film "The Instructional Process"

Each team should meet together to discuss the following questions. (Choose those most important to your team.)

1. How has our team used assessment?
2. What is our team's process for deriving objectives?
3. Is there any confusion regarding our team's objectives for children?
4. Is there any content in Units 1-5 that is particularly confusing? What content has been most helpful? For what children?

Second 60 minutes: View the film "The Instructional Process: Maria" and break into small group sessions as per Session I

Each team should split up and meet with members of other teams in small groups. Each small group should select, or perhaps the program director will designate, a teacher to lead the discussion. Suggested questions or topics are included below to stimulate discussion. Feel free to discuss other important concerns.

1. Is the Instructional Process described by ASSIST similar to the instructional process as we know it?
2. What content has been most helpful? Why?
3. Have any teams developed a procedure for the training that really seems to work well?
4. What successful motor, language, or social activities have any of the teams implemented which they would like to share?

End of second hour — break for 10 minutes.

Third hour: Large group session — View the film "The Instructional Process: Michael"

Each group moderator should provide a concise report of the major suggestions and recommendations which their group derived.

Last 30 minutes: Individual team sessions

Discuss with each other any new ideas which either team member obtained from the small and large group sessions. Time could be spent discussing any aspect of the training in relationship to your program or the particular children in your program.

SESSION III: PERSONAL AUTONOMY,functional academic, HOME/COMMUNITY LIVING SKILL DEVELOPMENT

Session III should be held after the team has had a chance to complete Inservice Units 6, 7, and 8. Each team member should review the following agenda and come prepared to share ideas and ask questions.

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First 30 minutes: View the film "Instructional Process: John"

Each team should meet together to discuss the following questions and/or statements. (Choose those important to your team.)

1. What particular problems did our team have doing the training?
2. What content was most helpful?
3. What problems is our team experiencing in the area of assessing or programming for personal autonomy, functional academic, or home/community skills? For which students? Is each member's responsibility clear?
4. Where do we go from here? Remember ASSIST is only a "beginning."

Second 60 minutes: Break into small group sessions as per Session I

Each team should split up and meet with members of other teams in small groups. Each small group should select, or perhaps the program director will designate, a teacher to lead the discussion. Suggested topics are included below to stimulate discussion. Feel free to discuss other important concerns.

1. What successful personal autonomy, functional academic and home/community learning activities have been implemented that anyone would like to share?
2. What could be done to make the ASSIST training better?

End of Second hour — break for 10 minutes.

Second hour: Large group session — View the film "Task Analysis"

Each group moderator should provide a concise report of the major suggestions and recommendations which their group derived.

Last 30 minutes: Individual team sessions

Discuss with each other any new ideas which either team member obtained from the small and large group sessions. Time could be spent discussing any aspect of the training in relationship to your program or a particular child in your program.

GLOSSARY

This glossary contains some words used in your *Sourcebook*, but it also contains many terms that are not used in your *Sourcebook*. In your work place, you may hear some terms used with which you are unfamiliar. ASSIST provides this glossary as a reference for you for such occasions.

ability grouping—subdivision of individuals into smaller groups of relatively equal ability.

abstract reasoning—ability to comprehend relationships and concepts and symbols. The lack of this ability is associated with brain damage, neurological impairment, or retardation.

accountability—providing an objective demonstration of the effectiveness of given programs.

acting out—inappropriate behavior of an aggressive type.

adaptive behavior—the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of her age and cultural groups.

advocacy—a concept which suggests how agencies or individuals act on behalf of the interests of people who are in some way developmentally disabled. The interests of others may range from services of individual needs, the exercise of full human and legal rights, representation in society, to becoming a foster or adoptive parent.

aggressive—exhibiting an outgoing manner, either physically or verbally, which may inflict injury on others.

American Association of Mental Deficiency—professional organization founded by Dr. Edward Seguin and others in 1876 with concerns for the problems of mental retardation.

ancillary personnel—supportive personnel to the professional who holds the major responsibility for a given child, such as speech or physical therapists.

antecedent—preceding event or cause.

articulation—the way sounds are put together to say words.

assessment—measurement of an individual's performance at any one time to determine his status in cumulative skill or knowledge.

associative conditioning—a systematic pairing of a powerful reward and event or response not fully developed; pairing.

associate learning--when the first stimulus is experienced, the second tends to be recalled.

ataxia—a form of cerebral palsy with a disturbance in postural balance and coordination of muscle activity. Usually it is generalized but may be confined to one side of the body or even one extremity.

athetoid—a type of cerebral palsy in which the person has uncontrolled and continuously unwanted movements.

atrophy—wasting of muscles or nerve cells usually because of lack of use.

attention—fastening eyes onto something or someone, listening to some sound, noticing some movement, taste, smell or feel of something.

attention span—the length of time a child can keep looking, listening or doing something meaningful.

auditory—about hearing and listening

auditory training—helping a child learn to listen and to understand what she hears.

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autism—a syndrome consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances, and repetitive motor behavior. Extreme withdrawal from reality and particularly from human relationships.

aversive stimulus—a stimulus that has the effect of decreasing a behavior when it is presented as a consequence of that behavior.

aversive conditioning—an attempt to change behavior by being punitive.

avoidance techniques—preventing disruptive behavior by anticipating difficulties.

awareness—knowing something is going on.

back-up reinforcer—an object or event that has demonstrated its reinforcing effect on an individual. It is received in exchange for a specific number of tokens, points or other generalized reinforcers.

backward chaining procedure—causing the development of a behavioral chain by training the last element or link in the chain first; the next to last next; and so on until the entire chain is emitted as a single complex behavior.

baseline (base rate; operant level)—the usual level of functioning proficiency; the frequency of occurrence of a behavior before intervention or treatment.

behavioral definition—specification of the conditions under which a behavior is to be performed, the action to be performed, the object of that action and a criterion for successful performance.

behavior episode—smallest unit of behavior and situation of each individual child, such as child hitting fist on desk.

behavior modification—refers to a learning process whereby the strength or frequency of a behavior is changed by the purposeful arranging of things or events which are before or after the behavior.

behavioral procedures—systematic application of shaping, priming, cueing, fading and differentially reinforcing behavior.

behavior setting—context of behavior; milieu.

biochemical disease—disorders of the body related to its chemical make-up.

biogenetic factor—an element relating to the inherited make-up of the body.

birth trauma—injury received during birth.

body image—the mental picture that a person has about her own body.

cerebral palsy—disorder of motor function (paralysis, weakness, uncoordination) resulting from brain damage at birth or early infancy.

chaining—way to teach an entire behavior by conditioning, as reinforcing each step separately and then bringing the steps together.

commands—words or gestures that tell you to do something in a way that makes you feel you really ought to do it.

commitment (legal)—assignment of custody, confinement, or treatment by court order; this term is contrasted to voluntary admission procedures which are usually done through administrative processes.

contingency—relationship between a given response and its environmental consequences.

contingency contracting—a technique for obtaining desired behavior by informing students which behaviors will be rewarded in advance.

contingency management—manipulation of the environmental consequences of a given behavior in order to achieve a specific behavioral goal.

continuous reinforcement schedule—pattern of reinforcement in which reinforcement occurs each time a desired response is shown.

Council for Exceptional Children (C.E.C.)—professional organization developed in 1922 to serve "special children."

crisis intervention—intervention during a crisis period in a person's life with emphasis placed on the crisis situation.

criterion level—predetermined standard of acceptable performance.

criterion level test—a test that shows whether objectives of a lesson have been met and where further instruction is needed.

cueing—is used to teach the child to remember a response at a specific time. The child receives a "cue" to elicit the correct performance just prior to the expected action.

cultural familial retardation—obsolete term; condition of unknown cause, presumably associated with family history of borderline intelligence or mild retardation and a home environment which was either depriving or inconsistent with the general culture. No evidence of biological or organic factors exist to account for the intellectual defect.

custodial care—archaic term meaning 24 hour supervision (medical, social, physical, psychological) by persons usually provided by an institution with the purpose of maintaining the person's present condition rather than providing treatment or therapy; contrasted to active treatment.

day care program—extended care services provided on an on-going basis for individuals residing in the community and not eligible for school programs or workshops.

deinstitutionalization—involves the development of both the individual and the community resources to the extent that everyone can live in the least restrictive environment. Emphasizes removal of retarded individuals from nonproductive lives in institutions and arranging for them to lead productive and useful lives in the community.

delayed recall—recollection of learning material after a lapse of time.

dependent mentally retarded—an individual who requires continuing supervision or assistance in daily living.

deprivation (environmental or cultural)—insufficient quantity, variability, redundancy, or discrimination of stimulation in the environment.

deprivation (sensory)—a condition in which one or more of the major senses (e.g., vision, hearing) are so impaired as to reduce or restrict the use of the sense; in such cases, intellectual retardation can occur if provisions are not made to compensate for the reduced sensory input.

developmental disability—disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or other conditions which require similar treatment and constitute a substantial handicap to the individual.

developmental period—includes the prenatal period, the birth process, and the period from birth through 18 years of age.

diagnosis—a careful investigation of the facts in a situation with the purpose of deciding what the difficulty is so it can be remedied.

discrimination—detection of differences through one or more senses.

distractible—unable to concentrate; attention is easily pulled away from task by noise or too many things in sight.

domiciliary care—provision of living quarters for persons who need 24 hour supervision, usually refers to the living components of the program.

due process—concerns center upon the proper procedure necessary for informing the consumer (and/or her representative) about the action to be taken and the opportunity for the consumer to participate in that decision process.

dyslexia—impaired ability to read.

echolalia—the senseless repetition of a word or sentence just spoken by another person.

educable retarded—student capable of learning basic functional academic skills and who will be independent in adulthood.

education—provision of structured learning experiences in preparation for an effective and satisfying place in society.

Education for All Handicapped Children Act of 1975—(PL 94-142)—law provides that the federal government will furnish financial help to meet the educational needs of handicapped children from 3 to 21. The law also set forth assurance that the constitutional rights of both handicapped children and their parents would be protected.

equal protection—a legal concept which requires that disabled people enjoy the same rights as other people. It focuses upon screening and assessment procedures and their cultural biases, as well as the placement of children in the least restrictive and least stigmatizing environment.

epilepsy—convulsive disorders characterized by single or recurring attacks of lack of consciousness, convulsive movements, or disturbances of feeling or behavior. They are associated with excessive neural discharges occurring diffusely or focally in the brain.

etiology—cause or origin; the causes of retardation may be complex hereditary conditions, poor environments, or health problems producing brain damage.

evaluation—procedure used to measure the effects of instructional treatment.

expressive language—language directed to someone else, ordinarily spoken language or written, but may include gestures or motoric communication.

external reward—any visible reinforcement.

extinction—a procedure in which the reinforcement for a previously reinforced behavior is discontinued.

eye-motor coordination—ability to coordinate vision with motor activities.

fading—the gradual removal of discriminative stimuli, such as cues and prompts.

family care—a program provided by non-related persons through a recognized agency to an individual reentering the community after short or long term residential care and treatment; directed toward enabling readjustment to community living.

feedback—a set of observations that describe one or more dimensions of a behavior sequence that are shared by the observer with the observee.

fixed-interval schedule—pattern of reinforcement; when reward occurs at specified time intervals.

fixed-ratio schedule—pattern of reinforcement; when reward occurs after a specific number of correct responses.

frustration level—reaching a point of feeling unable to carry on an activity.

generalization, response—the spread of effects of reinforcement to responses outside of a specific response being trained.

generalization, stimulus—the spread of the effects of reinforcement in the presence of one stimulus to other stimuli that differ from the original stimulus in one or more ways.

genetic counseling—the process of studying the inherited characteristics of an individual and providing advice concerning the probabilities of passing on particular characteristics or genes.

gestural language—exchanging ideas by using gestures or movement instead of spoken words.

grand mal seizures—major motor seizures associated with loss of consciousness, generalized muscle activity, and usually followed by a period of sleep.

group living—a situation usually under supervision, in which a number of individuals live together in the community.

handicap—burdens imposed on the learner that cannot be resolved because of physical or mental dysfunction or impairment.

hemiplegia—a type of cerebral palsy in which only one half of the body is involved.

hyperactive (hyperkinetic)—an excessive amount, usually of unpurposeful physical activity and movement.

hypokinesis—too little purposeful movement or slow movements, with slowness not necessarily related to muscle tone.

hypertonia—excessive muscle tone with resistance to passive or repeated movement, or an inability to isolate movements from fixed postures.

hypotonia—("floppiness") decreased muscle tension, preventing maintenance of posture against gravity, also difficulty in starting a movement due to lack of fixation.

imitation—matching the behavior of a model; an instructional procedure useful in teaching the acquisition of a new response. The teacher actually performs the activity that she wishes the child to produce.

immediate feedback—reward as soon as possible after the person has attempted, approximated or achieved a task. Also stopping inappropriate behavior immediately.

immediate recall—instant recollection of stimuli presented moments before recall.

incidence of mental retardation—represents the number of new cases of mental retardation which are added to the population within some specified interval of time.

incompatible behavior—a behavior that cannot be emitted simultaneously with another behavior.

individual educational plan (IEP)—a written plan of intervention developed by an agency with participation of all concerned based on relevant data that assists in understanding the individual situation.

informal testing techniques—teacher observation, teacher-made tests, and interviews.

institution—a public or private facility providing a constellation of professional services which, for the retarded, is usually organized on a 24 hour residential basis.

institutionalized personality—personality type of an individual who has spent considerable time in an institution and consequently develops mannerisms and ways of relating to the environment that are strange.

intelligence quotient—a number thought to express the relative level of intelligence of a person determined by a standardized individual intelligence test.

interim rewards—symbols and objects (like tokens or checks) that represent something of value to an individual.

intermittent schedule—pattern of reinforcement, in which the reward is provided at irregular intervals.

internal reinforcement—a reward of intrinsic satisfaction to the learner.

itinerant—teacher who moves from school to school.

kinesthesis—sensory impressions arising in the muscles and joints which provide information about the positions and movements of parts of the body.

labeling—attaching a name to something or someone that has a definite meaning.

labeling theory—holds that labeling alone is a powerful inducement toward deviance or conformity; if a person is labeled she will act in a way stereotypic of that label.

least restrictive alternative—a theory which states that handicapped students have the right to be visible functioning citizens integrated into the everyday life of communities.

long-term evaluation—measurement of student performance at least 6 days after initial mastery of tasks.

mainstreaming—giving each retarded child the best opportunity to learn in the least restricted environment. The inclusion of handicapped children in regular classrooms with non-handicapped children.

measurement—a dynamic measure of behavior which charts performance, its rate, quality, or quantity over time, preferably daily.

medical model—a method of approaching questions or problems that seek out causes.

mental age—the level of measured mental ability of the individual determined by an intelligence test, as distinguished from the chronological age of the individual.

mental hygiene—prevention of mental problems through various techniques designed to preserve mental health.

mental illness—includes problems of personality and behavioral disorders. A condition in which an individual with so-called normal intelligence cannot function because his thinking has become disorganized or inefficient. It may occur at any age from childhood through adulthood. A general term describing a variety of emotional problems.

mental retardation—refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

mildly retarded (IQ 55-69)—comprises about 89% of retarded population. Most demonstrated no medical pathology and have been classified as "cultural-familial." They are able to develop fairly adequate social and communication skills. Most make a good social and vocational adjustment in society when they are adults.

modeling—acting in a way that will be imitated by the students.

moderately retarded (IQ 40-54)—with medical reasons as a major cause. They can learn to talk and communicate, but often have problems of social awareness. They can learn some functional academic skills. Many have potential to work in competitive employment and live independently.

motivation—a force or desire that makes you want to do something.

motor—movement or action of the body.

multisensory learning—a technique to facilitate learning that uses a combination of sense modalities at the same time (such as sight, tactile, audition.)

National Association for Retarded Citizens—an organization founded in 1950, mainly by parents of retarded people, to provide services for the handicapped and pressure other organizations into more effective delivery of services.

negative reinforcer—an aversive stimulus which, if removed as a consequence of a response, increases or maintains the response.

neurological impairment—damage to or some deficiency in the nervous system of the body.

nonverbal ability—the power or special skill to perform an act or task, physical or mental, not involving the use of words; for example, mechanical ability.

normalization—essentially emphasizes the importance of helping retarded persons live just like everyone else.

normalization principle—allowing retarded person to live as nearly normal a life as possible.

objectives—the targets you are shooting at; the actions, skills, or ideas you set up as the kinds of behavior you want.

operant behavior—behavior controlled by its consequences.

operant conditioning—the process of reinforcing desired behavior with reinforcers that will cause the person to repeat the desired behavior again.

organic brain pathology—a physical disorder of the brain resulting in a disorder in normal functioning.

pathological—abnormal condition in behavior that stems from medical causation.

perception—the process of organizing and interpreting the sensations an individual receives from internal and external stimuli.

perceptually impaired—difficulty in perceiving objects or events as they really are.

performance test—a non-verbal test of intelligence, which assesses manipulation of physical objects and the application of physical and manual skills.

perseveration—unnecessary and persistent repetition of movement and/or speech.

personal adjustment training—emphasizes the development of adjustment to work encouraging habits or personal and social skills required to get along with others in a work setting.

petit mal seizures—very short (a few seconds in duration) episodes of cessation of activity with a fixed staring appearance; a form of epilepsy.

positive reinforcer—a stimulus which, when presented as a consequence of a response, increases or maintains the response.

respondent behavior—reflex behavior, elicited or controlled by its antecedents.

response repertoire—responses that are within the capacity of a student.

reward—any event or object which increases the probability of a response or behavior reoccurring.

rigidity—very stiff posture and movements; tendency to diminished motion, general muscle inelasticity and lack of plasticity.

schedule of reinforcement—program designed for presentation of reinforcer; may be time (fixed or variable interval) or number (fixed or variable ratio).

secondary rewards—reinforcement acquired through associating primary rewards with other events usually social in character.

self-abuse—inflicting pain or injury on oneself.

self-care skills—skills in independent toileting, cleaning, grooming, dressing, purchasing and maintaining clothes, and drinking and eating.

self-mutilation—to damage or disfigure a body part by one's own action.

sensory—pertaining to the senses—hearing, seeing, touching, smelling, tasting.

sensory modes—channels of the human organism used to receive stimuli.

severely retarded—(IQ range 25-39)—medical causes are prevalent; have poor motor development; have some communication skills and can be trained in basic health habits. Usually continue to need some degree of supervision.

shaping—entails reinforcing successive approximations to the target skill; useful in teaching acquisition of a new skill.

sheltered employment—activities in a protected environment for individuals with disabilities which limit productive output; the individuals are paid for their work.

short-term evaluation—immediate comparison of student performance with previously specified terminal criteria.

sign language—means of communication in which gestures, usually manual, substitute for spoken words, phrases or letters; used by deaf persons and some non-verbal retarded persons. There are several systems of sign language with some overlapping gestures among them.

simulate—create the effect or appearance of.

social learning task—a required act, the mastery of which results in change in social behavior in school.

social modeling—learning through observing and imitating others.

social reinforcers—rewards for desired behavior, such as praise or attention.

spasm—sudden tightening of muscles.

spasticity—stiffness; state of increased muscle tension associated with impairment of voluntary control.

spatial—relationship of one thing to another in space learned through vision and movement.

standardized test—a test for which content is selected empirically and for which norms have been established.

stereotyped behaviors—complex, repetitive movements which appear nonfunctional, especially repetitive hand movements, rocking, object twirling, or head banging.

stigma generalization—the process of assuming a whole set of stereotyped characteristics because of the presence of one stigmatic characteristic. For example, thinking that all cerebral palsied persons are retarded. Also known as spread effect.

stimulus response—behavior exhibited as a result of differential teacher or environmental stimuli.

successive approximations—a series of responses each more closely approaching the desired behavior (shaping).

syndrome—the aggregate of clinical manifestations constituing the picture of the disease or clinical condition.

tactile—touch.

tangible reinforcers—material rewards for desired behavior, such as candy or tokens.

target behavior—the specific behavior you are watching or trying to change.

technical assistance systems—consists of training, consultation, research (data feedback), dissemination, and service to extend expert advice to those in various stages of program advocacy through offering alternative delivery systems. Can help to overcome traditional roadblocks to change.

terminal criteria—standards of acceptable performance indicating mastery of tasks. Includes desired behavior and the conditions under which it must occur.

time out—removing a student who is disruptive from the class or learning area and placing her in isolation for a limited period of time. Make sure an explanation of the reason for her removal is given.

token—a small gift that is a symbol of having accomplished something; also used as a symbol to be exchanged for some tangible object.

total care facility—an institution where individuals spend 24 hours a day because they cannot be maintained in their home or home substitute. Attempts are made to meet basic needs for food, shelter, play and education as well as social and emotional needs.

trainable mentally retarded—a mentally retarded person who is capable of only limited achievement in traditional academic skills but who profits from training in self care and vocational skills.

tranquilizer—a drug to calm, soothe or pacify an individual.

transfer of training—the effect of learning one thing upon the learning of another; carry-over of what has been learned under one set of conditions and applied appropriately under different conditions. Positive transfer—the learning or practice of one skill or task aids in learning a second one. Negative transfer—one skill or task interferes with the learning of another.

variable interval schedule of reinforcement—the pattern in which presentation of the reward occurs at random intervals. Contributes to maintenance of learned responses over long periods of time.

verbalization—putting ideas into words.

visual memory—the ability to retain and reproduce shapes seen briefly.

vocational habilitation programs—means by which the retarded can be insured opportunities for paid employment and economic independence.

voluntary movements—movements done with intention and concentration.

Wyatt v. Stickney (Partlow Case)—a court case which affirmed that residents have the right to habilitation, including medical treatment, education, and care, suited to their needs, regardless of age, degree of retardation or handicapping condition.